NEW BUSINESS 9-24-19.

PUBLIC HEALTH AND SAFETY STANDING COMMITTEE

33

MAYOR'S OFFICE COORDINATORS REPORT

OVERAL	L STATUS (pl	ease c	ircle): 🗸 AP	PROVED	DENIED	N/A CANCELED
Petition #:	1026	Eve	ent Name: Eas	tern Ma	rket Brewing	Co.'s Oktoberfest
Event Date	October 5	5, 201	19			
Street Clos	sure: Riopelle	Stre	eet			
Organizatio	on Name: East	tern N	Market Brev	ving Co		
Street Add	ress: 2515 R	iopel	le Street De	etroit, M	I 48207	
Date of Cit Due date for Due date for Event Elen Walkath		mental I ents repors Repors Reports Application	Reference Commonts: ort to City Clerk: ly): Circus	nunication:	t/Performance	Run/Marathon
Bike Ra			Ceremony		I Ceremony	✓ Festival
Filming		arade	L		Recreation	Rally/Demonstration
Firewor			on/Conference	Other:		
✓ 24-Hou	r Liquor Licens	е				
		Pet	ition Communi	cations (in	clude date/time)	
	street closure o	on Riop	elle between A	delaide ar		m - 11:00pm; with
Date	Department	N/A	APPROVED	DENIED		tional Comments
	DPD		✓		Contracted with	Provide Special Attention; Eastern Market Security to Security Services
	DFD/ EMS		\checkmark		Pending Inspect	tions
	DPW		V		ROW Permit Re	equired
	Health Dept.		✓		Temporary F	ood License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		✓		Type III Barricades & Road Closure Signage Required
	Recreation	✓			No Jurisdiction
	Bldg & Safety		✓		Permit Required for Tent
	Bus. License		/		Liquor License Required
	Mayor's Office		✓		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event
	Municipal Parking		/		No Purchase of Parking Meters Required
	DDOT		✓		No Impact on Buses

Signature: B. Lusher		
Date: 9-19-19		

City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Eastern Market Brewing Co, request to hold "Eastern Market Brewing Co's Oktoberfest" at 2515 Riopelle on October 5, 2019 from 10:00 AM to 11:00 PM with the temporary closure of Riopelle from Adelaide to Winder.

10/5/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Se	ction 1- GENERAL EVI	ENT INFORMATION
Event Name: Eastern Market Brewin	g Co's Oktoberfest	
Event Location: Eastern Market Brewi	ng Co located at 2515 Riopelle, D	Detroit, MI 48207
6	ODGANIZATIONIAD	
		PLICANT INFORMATION
Organization Name: Eastern Market B	rewing Co	
Organization Mailing Address: 2515	Riopelle, Detroit, MI 48207	
Business Phone: 313-502-5165		Business Fax:
Federal Tax ID # 81-1373046		
If registered as a no	n-profit, indicate non-profit IL	number and attach a copy of the certificate.
Applicant Name: Shalyn Getz		
Title/Role: Marketing Director		
Email Address: shalyn@easternmarke	heer	
Mailing Address: 2515 Riopelle, Detro		
Business Phone: 410-598-1016	SIC, WII 40207	Business Fax::
		Dusiness Fax::
	n Getz	
Mailing Address: 2515 Riopelle, Detroit,	MI 48207	
Business Phone: 410-598-1016		Business Fax:
List name/phone number of person(s)	authorized to make decisions j	for the organization/event (indicate role/responsibility).
List Event Sponsors:		
Event Elements (check all that apply)		
[] Walkathon	[] Carnival/Circus	[] Concert/Performance
[] Run/Marathon	[] Bike Race	[] Religious Ceremony
[] Political Event	[x] Festival	[] Filming
[] Parade	[] Sports/Recreation	[] Rally/Demonstration
[]Convention/Conference	[] Fireworks	[] Other:
[]Convention/Contelence	[] Litemoty2	[] Oulci.

	first annual Oktoberfest. The event will be similar to other events, where we close our block of Riopelle for the day.
What are the project	ted set-up, event and tear down dates and times (must be completed)?
Begin Set-up Date & Tir	me: 10/5/19 @ 6am
Event Start Date & Time	: 10/5/19 @ 10am Event End Date & Time: 10/5/19 @ 11pm
Begin Tearing Down Da	tte: 10/5/19 @ 11pm Complete Tear Down Date: 10/5/19 @ Midnight
Event Times (If more th	an one day, give times for each day):
Is this the first time	you have held this event in the City of Detroit? Yes No
If no, what years has the	event been held in Detroit?
When was the event last	
Where was the event las	t held in Detroit?
What were the hours last	t year?
Project Attendance This	Year (Minimum – Maximum)? 250-500
1711 . 1 . 2 . 2 . 2	
What is the basis for you	r projected attendance? Previous events and the fact that this is our first year holding this event
What is the basis for you	r projected attendance? Previous events and the fact that this is our first year holding this event
Please describe your	anticipated/ target audience:
Please describe your	anticipated/ target audience: nual event? ☑ Yes ☐ No
Please describe your	anticipated/ target audience:
Please describe your Is this going to be an and If yes, do you have a pre If a parade is planned. In	anticipated/ target audience: nual event? ☑ Yes ☐ No
Please describe your Is this going to be an and If yes, do you have a pre If a parade is planned. In [] People	anticipated/ target audience: nual event? Yes No If successful, we'd like to hold this event again next year. ndicate elements (check all that apply):
Please describe your Is this going to be an and If yes, do you have a pre If a parade is planned. In [] People [] Floats	anticipated/ target audience: nual event? Yes No If successful, we'd like to hold this event again next year. ndicate elements (check all that apply): [] Balloons
Please describe your Is this going to be an and If yes, do you have a pre If a parade is planned. In [] People [] Floats [] Vehicles	anticipated/ target audience: nual event? Yes No If successful, we'd like to hold this event again next year. ndicate elements (check all that apply): [] Balloons [] Animals
Please describe your Is this going to be an and If yes, do you have a pre If a parade is planned. In [] People [] Floats [] Vehicles [] Bands	anticipated/ target audience: nual event? Yes No If successful, we'd like to hold this event again next year. ndicate elements (check all that apply): [] Balloons [] Animals
Please describe your Is this going to be an and If yes, do you have a pre If a parade is planned. In [] People [] Floats [] Vehicles [] Bands If animals included, spe	anticipated/ target audience: nual event?
Please describe your Is this going to be an and If yes, do you have a pre If a parade is planned. In [] People [] Floats [] Vehicles [] Bands If animals included, spendame of business supply	anticipated/ target audience: nual event?
Please describe your Is this going to be an and If yes, do you have a pre If a parade is planned. In [] People [] Floats [] Vehicles [] Bands	anticipated/ target audience: nual event?

Section 3- LOCATION/SITE INFORMATION Location of Event: Eastern Market Brewing Co at 2515 Riopelle, Detroit, MI 48207 Park City Facility Facilities to be used (circle): Street Sidewalk Please attach a site plan which illustrates the anticipated layout of your event including the following: -Location of First Aid -Public entrance and exit -Location of fire lane -Location of merchandising booths -Proposed route for walk/run -Location of food booths -Location of tents and canopies -Location of garbage receptacles -Location of beverage booths -Sketch of street closure -Location of sound stages -Location of bleachers -Location of press area -Location of hand washing sinks -Location of portable restrooms -Sketch of proposed light pole banners **Section 4- ENTERTAINMENT** What type of entertainment will be used? (check all that apply) [] Magician [] Singers [x]Musicians [] Story Telling [] Comedians [] Other: ___ Describe the entertainment for this year's event: Live bands List proposed entertainers and/or bands performing at the event: We have multiple bands we work with throughout the year; we'll have three or four perform throughout the event X Yes □ No Will a sound system be used? Just a small, personal-sized PA If yes, what type of sound system? [] Acoustic-audible, sound heard within natural range [x] Amplified-augmented, sound increased to broaden The amplified sound will be used: Will the event consist of a musical concert? Yes □ No If yes, what type of music? (check all that apply) [] Recorded [] Karaoke/Lip-synch [x] Live Describe specific power needs for entertainment and/or We use standard, 120-volt outlets on the side of our building How many generators will be used? none How will the generators be fueled? n/a Name of vendor providing generators: Contact Person:

Address:	Phone:
City/State/Zip:	
	1 5- COMMUNICATION/ADVERTISING STRATEGY
Check all applicable boxes that descr	ibe the type of promotion you plan to use to attract participants:
[] Radio (Specify stations):	
[] Television (Specific stations):	
[] Newspapers (specify papers):	
[x] Web site (identify web address):	www.eastemmarket.beer
[] Public Relations or Marketing Fi	rm (Specify):
Contact Info: [] Raffle (List Item(s)):	
[] Billboards	
[] Flyers	
[] Street Banners	
[] Other (specify):	
NOTE: All raffles subject to laws of	of State/City.
	Section 6- SALES INFORMATION
Will there be advanced ticket sales? If yes, please describe:	□ Yes ☑ No
Will there be on-site ticket sales? If yes, list price(s):	□ Yes ☑ No
Will food be sold? If yes, please pick up Special Events	∑ Yes □ No Vendor Packet in Suite 105:
Will merchandise be sold? If yes, describe: just our usual n	☑ Yes ☐ No perchandise that we sell out of our existing, licensed space
Will a percentage of the proceeds be	distributed to a charitable organization?
If yes, describe:	
If the event is a fundraiser, identify of	charity or recipient of funds:
Will there be vending or sales? If yes, check all that apply:	⊠ Yes □ No
[x] Food	[x] Merchandise
[x] Non-Alcoholic Beverages	[x] Alcoholic Beverages
1 1 Other (specific)	
Indicate type of items to be sold:	Just the same things we currently sell on a day-to-day basis

Sect	ion 7- PUBLIC SAFETY &	PARKING INFORMATIO	N
Name of Private Security Compa	any: Existing park contract security wil	l be used.	
Contact Person:			
Address:		Phone:	
City/State/Zip:			
Number of Private Security Pers	onnel Hired Per Shift:		
Are the private security personne	el (check all that apply):		
[] Licensed	[] Armed		[] Bonded
Describe the emergency evacuat	ion plan: There will be entries and e	exits at each end of the block	
		xisting public parking in Eastem Market	
-	of parking options? Website and so	cial media	
How will your event impact the pedestrian traffic, sound carryov	er, safety)?	pact beyond a typical Eastern Market Sa	turdav
		X Yes □ No	
Have local neighborhood groups	"Ousinesses approved Jour evenin		
		184- will inform Footom Monket Dordon	ahia laadarahia and alaa
	will take to notify them of your event:		
Indicate what steps you have or		the surrounding businesses during o	ur community meetings.
Indicate what steps you have or			ur community meetings.
		the surrounding businesses during o	ur community meetings.
Indicate what steps you have or		the surrounding businesses during o	ur community meetings.
Indicate what steps you have or		the surrounding businesses during or approved letter(s): Dan Carmody, 260-4	ur community meetings.
Indicate what steps you have or Indicate contact names and phor	ne numbers (for verification) or attach a	the surrounding businesses during or approved letter(s): Dan Carmody, 260-4	ur community meetings.
Indicate what steps you have or Indicate contact names and photo Complete the appropriate categoristic cate	ne numbers (for verification) or attach a	the surrounding businesses during or approved letter(s): Dan Carmody, 260-4	ur community meetings.
Indicate what steps you have or Indicate contact names and photo Complete the appropriate categor Structure How Many?	Section 9- EVI	the surrounding businesses during or approved letter(s): Dan Carmody, 260-4	ur community meetings.
Indicate what steps you have or Indicate contact names and phore Complete the appropriate category	Section 9- EVI ories that apply to the event.	the surrounding businesses during or approved letter(s): Dan Carmody, 260-4	ur community meetings.

Canopy (open on al	Il sides)			
Staging/Scaffolding	<u> </u>			
Bleachers			-	
Company:				
Grill [] Gas [[] Charcoal	[] Electrical	[] Propane	
Fireworks (Pyrotec	hnics) [] Stage			
Provide Sketch:				
Portable Restrooms [X] Standard	s: [X] ADA Accessit	ole		
Vehicles	. ,			
Type/Weight:				
Other:				
NOTE: Specific rea	quirements must be n	net and special approval must	be received by the Detroit Fire Department.	
Will additional elec	ctrical wiring need to	be installed? Specify location	ns, voltage, amperage, and phase.	
Will additional util	lity services be used (power, water, etc.)? Please de	escribe.	
Do you plan a firev	works display? List d	lates, time, location, vendor, a	and attach certificate of insurance.	

Name of Sanitation Company collecting refuse and garbage? Contact Person: Address: Phone: City/State/Zip Name of company providing emergency medical services? Contact Person: Address: City/State/Zip: Name of company providing porta-johns. Contact Person: Address: Phone: City/State/Zip: Name of private catering company? Contact Person: Address: Phone: City/State/Zip: Same of private catering company? Contact Person: Address: Phone: City/State/Zip: SPECIAL USE REQUESTS List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopeni Neighborhood Signatures must be submitted with application for approval. Attach a map or sketch of the proposed area for closure. STREET NAME: Riopelle St FROM Adelaide TO Winder Closure Dates: 10/6/19		Section 10- COMPLETE ALL THAT APPLY
Address: Phone: City/State/Zip Name of company providing emergency medical services? Contact Person: Address: City/State/Zip: Name of company providing porta-johns. Contact Person: Address: Phone: City/State/Zip: Name of private catering company? Contact Person: Address: Phone: City/State/Zip: SPECIAL USE REQUESTS List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopent Neighborhood Signatures must be submitted with application for approval. Attach a map or sketch of the proposed area for closure. STREET NAME: Riopelle St FROM Adelaide TO Winder Closure Dates: Bam Gam Gam Gam Gam Gam Gam Gam Gam Gam G	ame of Sanitation	Company collecting refuse and garbage?
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Contact Person: Address: City/State/Zip: Name of company providing porta-johns. Contact Person: Address: Phone: City/State/Zip: Name of private catering company? Contact Person: Address: Phone: City/State/Zip: SPECIAL USE REQUESTS List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopeni Neighborhood Signatures must be submitted with application for approval. Attach a map or sketch of the proposed area for closure. STREET NAME: FROM Adelaide TO Winder Closure Dates: Beg, Time: Bean Time: Indidioth Address: Beg Time: Bean Indidioth	ity/State/Zip	
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Attach a map or sketch of the proposed area for closure. STREET NAME: Riopelle St FROM TO Closure Dates: Beg. Time: End Time: Midnight Attach a map or sketch of the proposed area for closure. Riopelle St Adelaide Winder 10/5/19 6am midnight	I ECHTE COL RE	QC2DTC
Attach a map or sketch of the proposed area for closure. STREET NAME: FROM TO Closure Dates: Beg. Time: End Time: Miopelle St Adelaide Winder 10/5/19 6am midnight	ist any streets or po	ossible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening.
FROM Adelaide TO Winder Closure Dates: Beg. Time: 6am midnight End Time: midnight	veignoomood Signa	nuies must be submitted with approach for approval.
STREET NAME: Riopelle St FROM Adelaide Winder Closure Dates: 10/5/19 6am Beg. Time: 6am midnight	ttoch o man ansk	rotals of the proposed area for closure
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Closure Dates: 10/5/19 Beg. Time: 6am midnight	STREET NAME:	
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Beg. Time: 6am End Time: midnight		
End Time: midnight		
	End Time:	
	Reopen Date:	10/5/19
Time: midnight	lime:	midnight

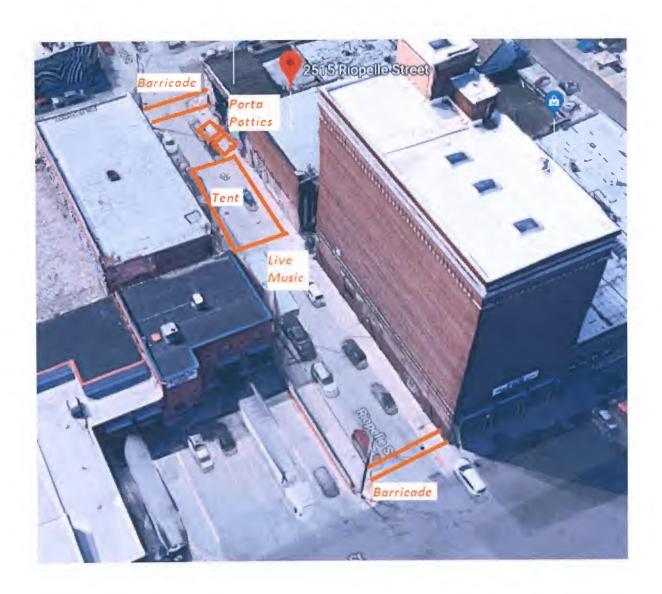
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End Time:			
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Reopen Date:			
Time:			
Time: Requested City Equipment Provided In:			
Time: Requested City Equipment	(year)		
Requested City Equipment Provided In: Current Request:	(year)		
Requested City Equipment Provided In: Current Request:	(year)		
Requested City Equipment Provided In: Current Request: Street Closures:	(year)	s/Trunks	
Requested City Equipment Provided In: Current Request: Street Closures: [] Posting no parking signs	(year) [] Light pole [] Storage for Trailer	s/Trunks	
Requested City Equipment Provided In: Current Request: Street Closures: [] Posting no parking signs [] Electrical Services Barricades are not available from th	(year) [] Light pole [] Storage for Trailer	s/Trunks	
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Requested City Equipment Provided In: Current Request: Street Closures: [] Posting no parking signs [] Electrical Services Barricades are not available from th ADDITIONAL INFORMATION	(year) [] Light pole [] Storage for Trailer e City of Detroit.	s/Trunks ding your event or additional requests?	
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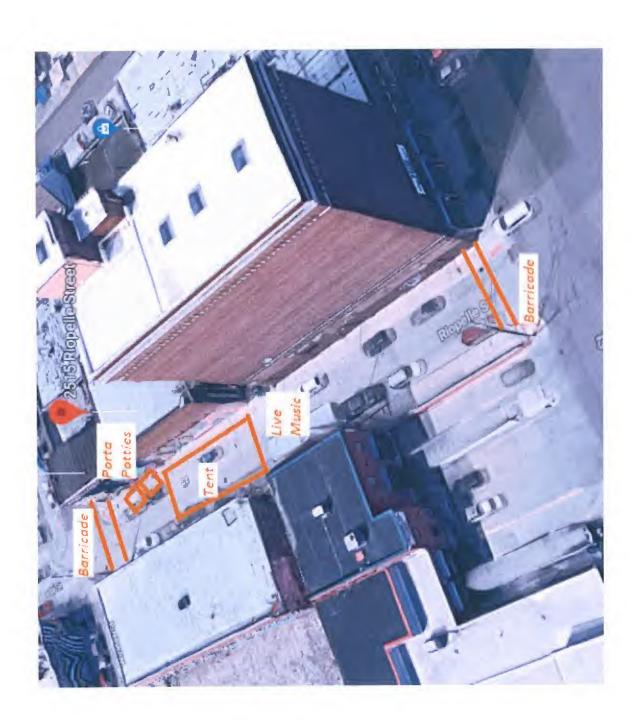
AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

7/31/19
Signature of Applicant Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.





Petition of Eastern Market Brewing Co, request to hold "Eastern Market Brewing Co's Oktoberfest" at 2515 Riopelle on October 5, 2019 from 10:00 AM to 11:00 PM with the temporary closure of Riopelle from Adelaide to Winder.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE PLANNING AND DEVELOPMENT
DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

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MAYOR'S OFFICE COORDINATORS REPORT

OVERAL	L STATUS (pl	ease c	ircle): 🗸 AP	PROVED	DENIE	ED N/A CANCELED
Petition #:	1027	Eve	ent Name: 5K F	Run Cor	nmunity F	undraiser
Event Date	October 1	2, 20)19			
Street Clos	_{sure:} Various					
Organizatio	on Name: Alke	bular	n Village			
Street Add	ress: <u>7701 H</u>	arper	Detroit, MI	48213		
Date of Cit	te of the COMPL y Clerk's Departr or City Departme or the Coordinato	nental F	Reference Comn orts:			
Event Elem	nents (check all t	hat app	ly):			
Walkath	non C	arnival/0	Circus	Concer	t/Performance	e 🕢 Run/Marathon
Bike Ra	ice R	eligious	Ceremony [Politica	I Ceremony	Festival
Filming	Pa	arade		Sports/	Recreation	Rally/Demonstration
Firewor	ks C	onventio	on/Conference	Other:		
24-Hou	r Liquor Licens	е				
г						
	Village will hos / fundraiser fror	t a 5K \		-		e) ounding streets as a
	** ALL _perm					an approval status **
Date	Department	N/A	APPROVED	DENIED		Additional Comments
	DPD		V		7th Precinct	t Assisted Event
	DFD/ EMS		✓		No Permits	Required
	DPW		✓		DPD Assiste	ed Event; No Permits Required
	Health Dept.		\checkmark		No I	Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		✓		DPD Assisted Event; No Barricades Required
	Recreation	✓			No Jurisdiction
	Bldg & Safety		\checkmark		No Permits Required
	Bus. License	✓			No Jurisdiction
	Mayor's Office		V		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of event
	Municipal Parking		V		No Permits Required
	DDOT		\checkmark		No Impact on Buses

Signature: 18. Justier		
Date: 9-19-19		

City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT

MAYOR'S OFFICE POLICE DEPARTMENT

FIRE DEPARTMENT BUSINESS LICENSE CENTER

TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Alkebulan Village, request to hold "5K Run Community Fundraiser" beginning at 7701 Harper on October 12, 2019 from 8:00 AM to 12:00 PM with various street closures in the area of 7701 Harper.

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION							
Event Name: 5K Run	Event Name: 5K Run Community Fundraiser						
Event Location: AIK (DUIA	in Village 770	of Harper					
Section 2-	Section 2- ORGANIZATION/APPLICANT INFORMATION						
Organization Name: Alkeb	vlan Village						
Organization Mailing Address:	+701 Harper I	Det, MI 48213					
Business Phone: 313-921-1	616	Business Fax:					
Federal Tax ID#							
If registered as a not	n-profit, indicate non-profit ID numbe	er and attach a copy of the certificate.					
Applicant Name: Veronica	Tohnson						
Title/Role: Project cour	dinator						
0 .	alkebulan village com						
Mailing Address: 7701 Hav	Oer Det, MI 48213						
Business Phone: 313-921-16		Business Fax::					
Event On-Site Contact Person:							
Mailing Address: Veronica Jo	nnson / Rhonda Kenned	ly					
Business Phone: 313 - 332	-9333	Business Fax:					
List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).							
List Event Sponsors:							
Event Elements (check all that apply)							
[] Walkathon	[] Carnival/Circus	[] Concert/Performance					
[Run/Marathon	[] Bike Race	[] Religious Ceremony					
[] Political Event	[] Festival	[] Filming					
[] Parade	[] Sports/Recreation	[] Rally/Demonstration					
[]Convention/Conference	[] Fireworks	[] Other:					

What are the projected set-up, event and te	ear down dates and times (mu	st be completed)?		
Begin Set-up Date: 10/12/19 Time: 7:	OD am Complete Set-up Date:	0/12/19	Time: 4:00 pm	
Event Start Date: 10/12/19 Time: 8'.	Down Event End Date: 10/12)14 T	Time: 12:00 pm	
Begin Tearing Down Date: 10/12/19	Complete Tear Down Dat	e: 10/12/19		
Event Times (If more than one day, give times for	each day):			
N/A			_	
Section 3	- LOCATION/SITE IN	FORMATION		
Location of Event: 7701 Harpen	Det, MI 4821	3		
Facilities to be used (circle): Street	Sidewalk	Park	City	
Please attach a copy of Port-a-John, Sanitation, and anticipated layout of your event including the follow		as well as a site plan wl	nich illustrates the	
-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks -Location of portable restrooms -Location of proposed light pole banners				
Describe the entertainment for this year's event:	Section 4- ENTERTAIN	MENT		
Will a sound system be used?	□ No			
If yes, what type of sound system?				
Sec	ction 5- SALES INFORM	IATION		
Will there be advanced ticket sales? Yes If yes, please describe:	□ No			
Will there be on-site ticket sales?	✓ No			
Will there be vending or sales?	☑ No			
[] Food [] Merchandise []	Non-Alcoholic Beverages	[] Alcoholic Beverag	ges	

Will there be food trucks? Yes	
If yes, please describe the amount: How will you advise attendees of parking options? Section 6- PUBLIC SAFETY & PARKING INFORMATION ame of Private Security Company: Address: Phone: City/State/Zip: James of Private Security Personnel Hired Per Shift: The private Security Personnel (check all that apply): [] Licensed [] Armed [] Bonded Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
Section 6- PUBLIC SAFETY & PARKING INFORMATION ame of Private Security Company: Ontact Person: ddress: Phone: Priv/State/Zip: umber of Private Security Personnel Hired Per Shift: re the private security personnel (check all that apply): [] Licensed [] Armed [] Bonded Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
ame of Private Security Company: Description	
contact Person: ddress: Phone: dity/State/Zip: umber of Private Security Personnel Hired Per Shift: re the private security personnel (check all that apply): [] Licensed [] Armed [] Bonded Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
contact Person: ddress: Phone: Phone: City/State/Zip: cumber of Private Security Personnel Hired Per Shift: re the private security personnel (check all that apply): [] Licensed [] Armed [] Bonded Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
Tity/State/Zip: umber of Private Security Personnel Hired Per Shift: re the private security personnel (check all that apply): [] Licensed [] Armed [] Bonded Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
re the private security Personnel (check all that apply): [] Licensed [] Armed [] Bonded Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
re the private security personnel (check all that apply): [] Licensed [] Armed [] Bonded Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
[] Licensed [] Armed [] Bonded Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
The street will be blocked off for the run.	
The street of th	
Have local neighborhood groups/businesses approved your event?	
Indicate what steps you have or will take to notify them of your event: Going door to door informing	
them.	
Section 8- EVENT SET-UP	_
Complete the appropriate categories that apply to the event Structure	
Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fue	eled:

Address:		Phone:	
City/State/Zip			
	How Many?	Size/Height	
Booth			
Tents (enclosed on 3 sides)			
Canopy (open on all sides)			
Staging/Scaffolding	•		
Bleachers			
	Section 9- COMPL	ETE ALL THAT APPLY	
mergency medical services?			
	I/A		
- Contract Classification	11.		
Advance			
ddress:			
ddress: ity/State/Zip:			
	ort-a-johns. N/A		
ity/State/Zip:	ort-a-johns. N/A		
ity/State/Zip: ame of company providing pe	ort-a-johns. N/A	Phone:	
ity/State/Zip: ame of company providing poontact Person: ddress:	ort-a-johns. N/A	Phone:	
ity/State/Zip: ame of company providing pontact Person:	ort-a-johns. N/A	Phone:	
ity/State/Zip: ame of company providing poontact Person: ddress:		Phone:	
ity/State/Zip: ame of company providing poontact Person: ddress:	0.13.0	Phone:	
ity/State/Zip: ame of company providing poontact Person: ddress: ity/State/Zip:		Phone:	
ame of company providing poontact Person: ddress: ity/State/Zip: ame of private catering comp		Phone:	

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit. □ No ☐ Yes Will there be street closures? If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure. See affached maps. FROM: TO: _____ CLOSURE DATES: ______ BEG TIME: _____ END TIME: REOPEN DATE: _____TIME: STREET NAME: FROM: ______TO: _____ CLOSURE DATES: ______ BEG TIME: _____ END TIME: REOPEN DATE: _____TIME: STREET NAME: _____ FROM: ______TO: _____ CLOSURE DATES: ______ BEG TIME: _____ END TIME: REOPEN DATE: _____TIME: STREET NAME: FROM: TO: CLOSURE DATES: ______ BEG TIME: _____ END TIME: REOPEN DATE: _____TIME: STREET NAME: FROM: TO: CLOSURE DATES: BEG TIME: END TIME: REOPEN DATE: _____TIME:

PLE	ASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:
1)	CERTIFICATE OF INSURANCE
2)	EMERGENCY MEDICAL AGREEMENT
3)	SANITATION AGREEMENT
4)	PORT-A-JOHN AGREEMENT
5)	COMMUNITY COMMUNICATION

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

1/ Godnson	6/24/2019
· //	/ //
Signature of Applicant	Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

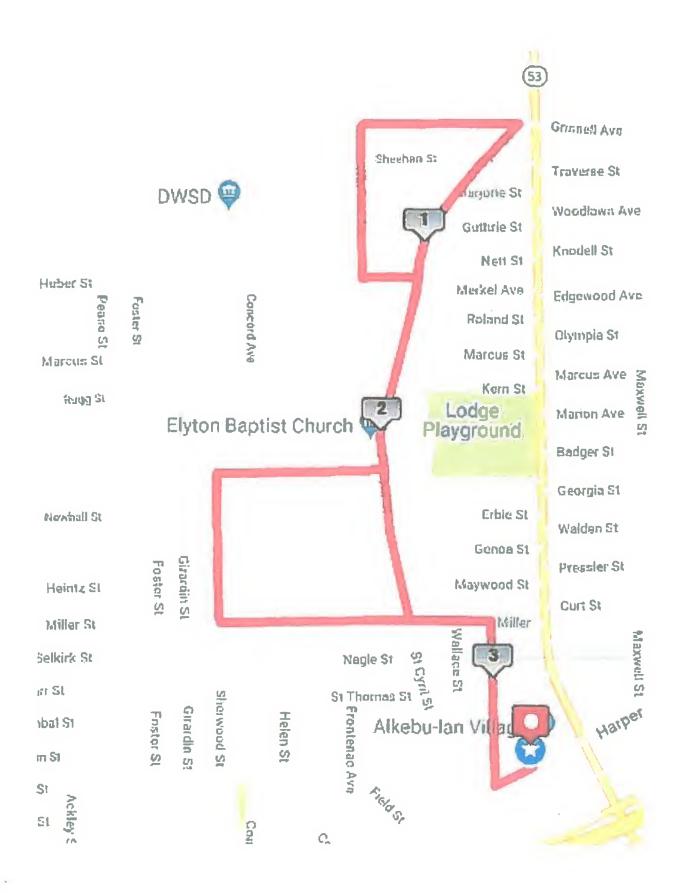
The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)		
Event Name: 5 K Run Community Fydraiser Date: 10/12/20/9	_Event _	
Event Organizer: Veronica Johnson		
Applicant Signature: Volume Date: 24/2019		

ALKEBU-LAN VILLAGE 194 INDUSTRIAL PARK 5K





1027 Petition of Alkebulan Village, request to hold "5K Run Community Fundraiser" beginning at 7701 Harper on October 12, 2019 from 8:00 AM to 12:00 PM with various street closures in the area of 7701 Harper.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

35

MAYOR'S OFFICE COORDINATORS REPORT

OVERAI	OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED						
Petition #: 1065 Event Name: Open Streets Dearborn							
Event Date	Event Date: October 6, 2019						
	sure: Woodm						
Organizati	on Name: City	of De	earborn/He	althy De	earborn		
Street Add	Street Address: 16901 Michigan Avenue Dearborn, MI 48126						
Receipt date of the COMPLETED Special Events Application: Date of City Clerk's Departmental Reference Communication: Due date for City Departments reports: Due date for the Coordinators Report to City Clerk:							
Event Elen	nents (check all t	hat app	ly):				
Walkath	non C	arnival/	Circus [Conce	t/Performance Run/Marathon		
Bike Ra	ace R	eligious	Ceremony [Politica	l Ceremony Festival		
Filming	P	arade	[✓ Sports/	Recreation Rally/Demonstration		
Fireworks Convention/Conference Other:							
24-Hou	24-Hour Liquor License						
Petition Communications (include date/time)							
Open Streets Dearborn is requesting the use of Woodmere Street at Vernor Highway from 11:00am - 3:00pm.							
** ALL permits and license requirements must be fulfilled for an approval status **							
Date	Department	N/A	APPROVED	DENIED	Additional Comments Dearborn Police Department Assisted		
	DPD		✓		Dearborn Police Department Assisted Event		
	DFD/ EMS		✓		Dearborn EMS will Provide Private EMS Services		
	DPW		✓		ROW Permit Required		
	Health Dept.		V		No Permits Required		

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		V		Type III Barricades Required
	Recreation	V			No Jurisdiction
	Bldg & Safety	✓			No Jurisdiction
	Bus. License	V			No Jurisdiction
	Mayor's Office		\checkmark		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of even
	Municipal Parking		V		No Parking Signs Required
	DDOT		V		Low Impact on Buses

Signature: B. Lusher	•
Date: 9-19-19	

City of Detroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

City of Dearborn/Healthy Dearborn, request to hold "Open Streets Dearborn" at Woodmere and Vernor on October 6, 2019 from 11:00 AM to 3:00 PM with a temporary closure of Woodmere at Vernor.

10/6/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	Section I- GENERAL EV	ENT INFORMATION			
Event Name: Open St	reets Dearly	OVI			
Event Location: Vernor Hwy > Dix. Cross Dix > Holly St > Lapeer Park beginning at woodmere & Vernor, then event is but in bearborn. Is this going to be an annual event? A Yes \(\sigma \) No					
Section	2- ORGANIZATION/A	PPLICANT INFORMATION			
Organization Name: City of	= Dearborn 1+	lealthy Dearborn			
		e. Dearborn MI 48126			
		t www.leathydearborn.org			
Applicant Name; Dava 6	eichel				
Business Phone: 313 · 378 · 70	52-Cell Phone: 3/3-378-7	1052 Email: How sgleichere ci. dearborn.mi, US			
Event On-Site Contact Person: Name: Gara GletC Business Phone: 313-378-709	hel				
Event Elements (check all that apply)				
[] Walkathon	[] Camival/Circus	[] Concert/Performance			
[] Run/Marathon	[] Bike Race	[] Religious Ceremony			
[] Political Event	[] Festival	[] Filming			
[] Parade	Sports/Recreation	[] Rally/Demonstration			
[] Convention/Conference	[] Fireworks	[] Other:			
Projected Number of Attendees: 250 Please provide a brief description of your event:					
The open Streets ever	+ purpose is to a	reate a three mile 'poved park"			
to Showcase a	to showcase afternate modes of travel and physical activity on public streets. Requesting bournade				
activity on public streets. Requesting bournade					
-	C0 11	me 1 at words was + Veryor 1			

What are the projected set-up, Begin Set-up Date: 10/6/19	event and tear do	own dates and times (Complete Set-up Date		77 Time: G. AM	
Event Start Date:	Time;		.(0)6/11	Time:	
10/10/19	11 ATM	Event find Date:		3 PM	
Begin Teating Down Date: [O] (119	Complete Tear Down	Date: [0]7/10	1	
Event Times (If more than one day,	give times for each d	lay);			
A	S. 45 2 I.0	VC A TO VALOUTE I	NEODAL BIOX		_1
Location of Event; Ver (NOY		Deay boy ()	INFORMATION		
Facilities to be used (circle): Str Facility		Sidewalk	Park	(City)	
Please attach a copy of Port-a-John, anticipated layout of your event incl			1 7	n which illustrates the	
-Public entrance and exit		-Locat	ion of First Aid		
-Location of merchandising booths -Location of food booths		-Propo	ion of fire lane sed route for walk/run		
-Location of garbage receptacles -Location of beverage booths			ion of tents and canopic h of street closure	es	
-Location of sound stages		-Locat	ion of bleachers		
-Location of hand washing sinks -Location of portable restrooms			ion of press area i of proposed light pole	banners	
K	Sect	ion 4- ENTERTA	INMENT	The said	349
Describe the entertainment for this y	vear's event:	d.			
Will a sound system be used?	☐ Yes ☐ No	= don't	tvon ye	+	
If yes, what type of sound system?					
	Section	5- SALES INFO	RMATION	State of Sta	25.0
Will there be advanced ticket sales? If yes, please describe:	□ Yes 📈	No			
Will there be on-site ticket sales? If yes, list price(s):	□ Yes 💢	No			
Will there be vending or sales? If yes, check all that apply:	□ Yes	No			
[] Food [] Merchandis	e [] Non-/	Mecholic Beverages	[] Alcoholic Beve	nages	

Indicate type of items to be sold:	
Will there be food trucks? If yes, please list how many:	
Will there be a charge for parking? [1] Yes No If yes, please describe the amount:	
How will you advise attendees of parking options?	\
Section 6- PUBLIC SAFETY & PARKING INFORMATION	
Name of Private Security Company: Contact Person:	
Address: Phone:	_
City/State/Zip:	
Number of Private Security Personnel Hired Per Shift:	
Are the private security personnel (check all that apply):	
[] Licensed [] Armed [] Bonded	
Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION	
How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?	
Streets will be a losed - Community is involved in planning a	f Akad
Have local neighborhood groups/businesses approved your event? Yes No	4000
Indicate what steps you have or will take to notify them of your event: flyers, meetings, cutrea	ch
Section 8- EVENT SET-UP	
Complete the appropriate categories that apply to the event Structure	
Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled	:
	-

Address:		Phone:	
City/State/Zip			
	How Many?	Size/Height	
Booth			
Tents (enclosed on 3 sides)	KIN		
Canopy (open on all sides)	1		
Staging/Scaffolding			
Bleachers			
		PER ALL PRILET LIBERTY	
	Section 3- COMPLE	ETE ALL THAT APPLY	
mergency medical services?			
ontact Person: City (of Dearborn	- Chief Haddo	d
ddress: \SO	1 Michagan	Ave	
ity/State/Zip:	Dearport	1 MI 48126	
	stanishus To by	determined	
ama of commany providing por	t-a-junis.		
ame of company providing por			
ontact Person:		Phone:	
ontact Person: ddress:		Phone:	
ontact Person:		Phone:	
ontact Person: ddress:	MA	Phone:	
ontact Person: ddress: ity/State/Zip:	my?	Phone:	
ontact Person:	my?	Phone:	

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting Neighborhood Signatures must be submitted with ap	to be closed. Include the day, date, plication for approval. Barricades a	and time of requested closing and reoper re not available from the City of Detro
Will there be street closures? Yes If yes, please complete the street closure informat	□ No	
STREET NAME: WOOdry Ere		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	_ END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	_ END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:		
CLOSURE DATES:	BEG TIME:	_ END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO;	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

2)	
	EMERGENCY MEDICAL AGREEMENT
3)	SANITATION AGREEMENT
4)	PORT-A-JOHN AGREEMEN'T
5)	COMMUNITY COMMUNICATION

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit

- Cherles Clay	8/19	119	
	1	1	

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)	
Event Name: Open Skeep Dealborn Date: 10/6/19	Event
Event Organizer: Earla Gleicher City of Dear	born
Applicant Signature: Jula Gei (h.) Date:	

City of Dearborn

Special Events Application and Request Form

Today's Date: 07 02 2019 Sponsoring Organization Information: City of Dearborn and the Healthy Dearborn Coalition Name Address 16901 Michigan State MI Zip 48126 Phone Number 313 City Dearborn 9432159 Is your group a State registered non-profit organization? (Be prepared to show proof) Tyes No Contact Person Information: Name David Norwood Address 16901 Michigan City Dearborn State ML Zip 48126 Phone Number 313 9432159 On Site Coordinator Information: Name **David Norwood** Address 16901 Michigan State MI 48126 Phone Number 313 City Dearborn Zip 6131872 Event Information: Name of Event Healthy Dearborn Open Streets Description of Event See Attached Preferred Location (s) See Attached 10/04/19 Preferred Set Up Date (s) Time (s) 9 am - Noon Preferred Event Date (s) 10/06/19 Time (s) 11 am - 3 pm Preferred Tear Down and Clean Up Date (s) 10/07/19 Time (s) 8 am - 11am What is the Expected attendance? 100 Please check the appropriate response to the following questions: ⊠Yes Does your preferred date(s) have any special significance? No If so what? The closing of the streets on Sunday afternoon will have the least amount of impact on traffic Does your preferred location(s) have any special significance? X Yes No If so what? The route will demonstrate on street bicycle paths, midblock pedestrian crosswalks, highlight the Dix Vernor Corridor Authority, Lapeer Park amenities. The closed streets (Holly and Vernor) will be used for residents and property owners in the area for physical activities such as walks, biking, and displays by the 6 Healthy Dearborn workgroups Will this event require any street to be closed? XYes. No Will food be sold? \boxtimes No Yes

This application is subject to approval. A contract will be issued upon approval.

Will merchandise be sold?	Yes	⊠ No
Will alcoholic beverages be consumed?	Yes	⊠No
Will there be an admission fee?	Yes	⊠No
Will there be a parking fee?	Yes	⊠No
Will the event be restricted to a certain group?	Yes	⊠No
	Continue on	
Please list any facilities or services that you are requesting from Please include the dates these services or facilities must be procomplete a site plan as is available.	the City of Dea	rborn.
See attached		
		-
		-
		_
		-
		_

This application is subject to approval. A contract will be issued upon approval.

By Byrnes supported by Dabaja.

7-323-19. WHEREAS: The Healthy Dearborn Coalition is requesting City Council approval to conduct the first Healthy Dearborn Open Streets event on Sunday, October 6, 2019 along Vernor and Holly Streets and in Lapeer Park, subject to all applicable ordinances, rules and regulations of the Dearborn Police Department, and

WHEREAS: The Healthy Dearborn Open Streets event is a 4 hour event to promote health, wellness, and fitness for the community near the Dix Vernor corridor. The Healthy Dearborn Open Streets is a free, safe and inclusive event that turns over the street to the community and brings the South End Community together by providing opportunities and showcasing fitness, recreation and community building along city streets. It is anticipated that members of the community will be walking, running, biking, rollerblading, skateboarding, and playing in the streets. The Healthy Dearborn Coalition Work Groups (Health Disparities/Health Equity; Healthy Environments for Physical Activity; Healthy Schools; Healthy at Work; Healthy Food; Inclusive Health Committee) will have tables set up in Lapeer Park and along the route to showcase their projects and their future plans, and

WHEREAS: Open Streets is an internationally recognized project that encourages streets to become places where people of all ages, abilities, and backgrounds can come out and improve their health. The closing of Hines Drive by Wayne County on Saturdays during the summer season is a long running Open Street program, and

WHEREAS: In order to facilitate the movement of participants and to conduct the event in a safe and lawful manner, police control of the Vernor Dix intersection will be needed on this date from approximately 11:00 A.M. until 3:00 P.M. To the extent that these roadways are under the jurisdiction of the City of Dearborn, Wayne County and the State of Michigan, certain permits are required. Accordingly, the mayor's office is requesting that the City Council adopt a resolution approving the below described items and authorizing the Chief of Police to make application and sign all required documents relating to the issuance of any necessary state and county permits as follows:

1. Usage and closure of all lanes of Vernor from the city boundary to Dix Vernor intersection.

- 2. Usage and closure of all lanes of Holly Street from the Dix Vernor intersection to Lapeer Street.
- 3. Closure of Lowery Street at the Lowery Street and Holly Street intersection.
- 4. Closure of Welch Street at the Welch Street and Holly Street intersection.
- 5. Closure of Dale Street at the Dale Street and Vernor intersection.
- 6. Closure of Westminster Street at the Westminster Street and Vernor intersection.
- 7. Closure of Riverside Street at the Riverside Street and Vernor intersection.
- 8. Usage and placement of DPW barricades to assist with the closure of the above areas. The City of Dearborn agrees to place, erect and remove the barricades, and

WHEREAS: Upon approval, all activities will focus at Lapeer Park and near the American Moslem Society mosque on Vernor. (See attached map), and

WHEREAS: The Healthy Dearborn Coalition is also requesting assistance from the Dearborn Police Department with traffic safety/control for the duration of the event at the Dix Vernor intersection. This special event request is subject to full reimbursement for all City services provided; therefore be it

RESOLVED: That Healthy Dearborn be and is hereby approved to conduct the first Healthy Dearborn Open Streets Event on Sunday, October 6, 2019 from 11 a.m. to 3 p.m. with assistance from DPW for the provision, delivery and pick-up of barricades and from the Police Department for traffic safety/control for the duration of the event at the Dix Vernor intersection; be it further

Dearborn Open Streets - 2019 - Google My Maps

7/2/2019

https://www.google.com/maps/d/viewer?mid=13NTU0C2aawqaUxcQMrkDyPMdwL0iZ7nR&ll=42.307194777781504%2C-83.140361716872013Z=16



SUNDAY OCTOBER 6 TIAM 3PM

3.5 miles of open streets

1906 - AC 1901 165 1000 1 GC 2011 005 170 01 98

> WALK BIKE SKATE PLAY



TO VOLUNTEER OR SIGN UP TO RUN AN ACTIVITY

CONTACT: SARAH GLEICHER

(313) 378-7052

SGLEICHER@CL.DEARBORN..ML.US



Beaumont



1065 Petition of City of Dearborn/Healthy
Dearborn, request to hold "Open
Streets Dearborn" at Woodmere and
Vernor on October 6, 2019 from 11:00
AM to 3:00 PM with a temporary
closure of Woodmere at Vernor.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT BUSINESS LICENSE CENTER TRANSPORTATION DEPARTMENT MUNICIPAL



MAYOR'S OFFICE COORDINATORS REPORT

OVERAL	L STATUS (pl	ease c	ircle): 🗸 API	PROVED	DENIED N/A CANCELED
Petition #:	1066	Eve	ent Name: East	ern Mark	et Brewing Co Birthday Block Party
Event Date	October 1	9, 20	19		
Street Clos	sure: Riopelle	e Stre	et		
Organizatio	on Name: East	ern N	/larket Brew	ing Co.	
Street Add	ress: 2515 R	iopell	e Street De	troit, M	48207
Date of Cit	te of the COMPL y Clerk's Departr or City Departme or the Coordinato	mental F ents repo	Reference Commorts:	-	
Event Elen	nents (check all t	hat appl	ly): -		
Walkath	non Ca	arnival/(Circus	Concer	t/Performance Run/Marathon
Bike Ra	ace Re	eligious	Ceremony	Politica	I Ceremony
Filming	L Pa	arade	1	Sports/	Recreation Rally/Demonstration
Firewor	ks C	onventio	on/Conference	Other:	-
√ 24-Hou	r Liquor Licens	е			
		Peí	ition Communic	cations (in	clude date/time)
	arket Brewing 0 street closure 0	Co. will	host their annu	al Birthday	/ Block Party from 10:00am - 11:00pm; with
Data		_			pe fulfilled for an approval status **
Date	Department	N/A	APPROVED	DENIED	7th Precinct will Provide Special Attention;
	DPD		√		Contracted with Eastern Market Security to Provide Private Security Services
	DFD/ EMS		✓		Pending Inspections
	DPW		V		ROW Permit Required
	Health Dept.		V		Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		✓		Type III Barricades & Road Closure Signage Required
	Recreation	V			No Jurisdiction
	Bldg & Safety		\checkmark		Permit Required for Tent
	Bus. License		✓		Liquor License Required
	Mayor's Office		V		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event
	Municipal Parking		✓		No Purchase of Parking Meters Required
	DDOT		\checkmark		No Impact on Buses

Signature:	B. Lusher	
^		

Date: 9-19-19

City of Detroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE POLICE DEPARTMENT

DPW - CITY ENGINEERING DIVISION BUSINESS LICENSE CENTER

FIRE DEPARTMENT PLANNING AND DEVELOPMENT DEPARTMENT

TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Eastern Market Brewing Co., request to hold "Eastern Market Brewing Co.
Birthday Block Party" at 2515 E Riopelle on October 19, 2019 from 10:00 AM
to 11:00 PM with temporary closure of Riopelle from Adelaide to Winder.

10/19/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Sec	CHOILT- GENERAL EV	VENT INFORMATION
Event Name: Eastern Market Brewing	Co. Birthday Block Party	
Event Location: Eastern Market Brewi	ng Co. located at 2515 E. Riope	elle, Detroit, MI 48207
	A = 4	
Section 2	- ORGANIZATION/A	PPLICANT INFORMATION
Organization Name: Eastern Market	Brewing Co.	
Organization Mailing Address: 2515 E	. Riopelle, Detroit, MI 48207	
Business Phone: 313-502-5165		Business Fax:
Federal Tax ID # 81-1373046		
If registered as a no	n-profit, indicate non-profit	ID number and attach a copy of the certificate.
Applicant Name: Shalyn Getz		
Title/Role: Marketing Director		
Email Address: shalyn@easternmarke	t.beer	
Mailing Address: 2515 E. Riopelle, De	etroit, MI 48207	
Business Phone: 410-598-1016		Business Fax::
Event On-Site Contact Person: Shalyr	n Getz	
Mailing Address: 2515 E. Riopelle, Detr	oit, MI 48207	
Business Phone: 410-598-1016		Business Fax:
1 ind as many (n h a many many h a many many many (n h a many many many many many many many ma		a fact the annual residual (see the annual factor)
List name/phone number of person(s)	authorizea to make aecisions	s for the organization/event (indicate role/responsibility).
List Event Sponsors:		
Event Elements (check all that apply)		
[] Walkathon	[] Carnival/Circus	[] Concert/Performance
[] Run/Marathon	[] Bike Race	[] Religious Ceremony
[] Political Event	[x] Festival	[] Filming
[] Parade	[] Sports/Recreation	[] Rally/Demonstration
[]Convention/Conference	[] Fireworks	[] Other:

previous events where we close our block of Riopelle for	the day.
What are the projected set-up, event and tear down	dates and times (must be completed)?
• •	Set-up Date & Time: 10/19/19 @ 10am
	Date & Time: 10/19/19 @ 11pm
Begin Tearing Down Date: 10/19/19 @ 11pm Complete T	
Event Times (If more than one day, give times for each day)	:
Is this the first time you have held this event in the	City of Detroit? □ Yes ☑ No
If no, what years has the event been held in Detroit?	2018
When was the event last held in Detroit?	October 20, 2018
Where was the event last held in Detroit?	Same location, 2515 E. Riopelle, Detroit, MI 48207
What were the hours last year?	Same hours
Project Attendance This Year (Minimum – Maximum)?	500-1000
What is the basis for your projected attendance? <u>Previous</u>	events
Please describe your anticipated/ target audience:	
Is this going to be an annual event? ☐ Yes ☐ No	
If yes, do you have a preferred/proposed for next year?	Yes
If a parade is planned. Indicate elements (check all that apply [] People [] Balloons	y):
[] Floats [] Animals	
[] Vehicles [] Other:	
[] Bands	
If animals included, specify type, number and how used.	
Name of business supplying animal(s):	
Name of business supplying animal(s): Contact Person:	

Section 3- LOCATION/SITE INFORMATION Location of Event: Eastern Market Brewing Co. at 2515 E. Riopelle, Detroit, MI 48207 Facilities to be used (circle): Street Sidewalk Park City Facility Please attach a site plan which illustrates the anticipated layout of your event including the following: -Location of First Aid -Public entrance and exit -Location of fire lane -Location of merchandising booths -Location of food booths -Proposed route for walk/run -Location of garbage receptacles -Location of tents and canopies -Location of beverage booths -Sketch of street closure -Location of bleachers -Location of sound stages -Location of hand washing sinks -Location of press area -Location of portable restrooms -Sketch of proposed light pole banners **Section 4- ENTERTAINMENT** What type of entertainment will be used? (check all that apply) [] Singers [] Magician [x]Musicians [] Story Telling [] Comedians [] Other: ___ Describe the entertainment for this year's event: Live bands and DJs List proposed entertainers and/or bands performing at the event: We have multiple bands that we use throughout the year and plan to have a couple of them perform throughout the event **⊠** Yes □ No Will a sound system be used? If yes, what type of sound system? just a small, personal-sized PA [] Acoustic-audible, sound heard within natural range [x] Amplified-augmented, sound increased to broaden The amplified sound will be used: Will the event consist of a musical concert? X Yes □ No If yes, what type of music? (check all that apply) [] Karaoke/Lip-synch [x] Live [] Recorded Describe specific power needs for entertainment and/or We use standard, 120-volt outlets on the side of our building How many generators will be used? none How will the generators be fueled? n/a Name of vendor providing generators: Contact Person:

Address:	Phone:
City/State/Zip:	
Sectio	n 5- COMMUNICATION/ADVERTISING STRATEGY
Check all applicable boxes that desc	ribe the type of promotion you plan to use to attract participants:
[] Radio (Specify stations):	
[] Television (Specific stations):	
[] Newspapers (specify papers):	
[x] Web site (identify web address):	: www.easternmarket.beer
[] Public Relations or Marketing F	irm (Specify):
Contact Info: [] Raffle (List Item(s)):	
[] Billboards	
[] Flyers	
[] Street Banners	
[] Other (specify):	
NOTE: All raffles subject to laws	of State/City.
	Section 6- SALES INFORMATION
Will there be advanced ticket sales? If yes, please describe:	
Will there be on-site ticket sales? If yes, list price(s):	□ Yes ☑ No
Will food be sold? If yes, please pick up Special Events	▼ Yes □ No s Vendor Packet in Suite 105:
Will merchandise be sold? If yes, describe: just our usual me	☑ Yes ☐ No rchandise that we sell out of existing, licensed space
Will a percentage of the proceeds be	e distributed to a charitable organization?
If yes, describe:	
If the event is a fundraiser, identify o	charity or recipient of funds:
Will there be vending or sales? If yes, check all that apply:	⊠ Yes □ No
[x] Food	[x] Merchandise
[x] Non-Alcoholic Beverages	[x] Alcoholic Beverages
[] Other (enecifie)	
Indicate type of items to be sold:	the same things we currently sell on a day-to-day basis

	Section 7- PUBLIC SAFETY & PARKING INFOR	MATION
Name of Private Security	Company: Existing park contract security will be used.	
Contact Person:		
Address:	Phone:	
City/State/Zip:		
Number of Private Securit	y Personnel Hired Per Shift:	
Are the private security pe	ersonnel (check all that apply):	
[] Licensed	[] Armed	[] Bonded
Describe the emergency e	vacuation plan: There will be entries and exits at each end of the bloc	k
	to accommodate anticipated attendance:existing public parking in East	tem Market
	- John Mary Pasho parking In East	terri ividi ket
•	parking rate?no	
How will your event impa	Section 8- COMMUNITY IMPACT INFORMA	
	ct the surrounding community (i.e.	TION
pedestrian traffic, sound ca	ct the surrounding community (i.e. arryover, safety)?	TION
pedestrian traffic, sound ca Have local neighborhood s	ct the surrounding community (i.e. arryover, safety)? No impact beyond a typical Market	t Saturday
pedestrian traffic, sound ca	ct the surrounding community (i.e. arryover, safety)? No impact beyond a typical Market groups/businesses approved your event? Yes arryover, safety)? No impact beyond a typical Market will inform Eastern Market	t Saturday □ No ket Parternship leadership and also
pedestrian traffic, sound ca Have local neighborhood a Indicate what steps you ha	ct the surrounding community (i.e. arryover, safety)? No impact beyond a typical Market groups/businesses approved your event? Yes arryover, safety)? No impact beyond a typical Market will inform Eastern Market	t Saturday No ket Parternship leadership and also ses during our community meetings.
pedestrian traffic, sound ca Have local neighborhood a Indicate what steps you ha	ct the surrounding community (i.e. arryover, safety)? No impact beyond a typical Market groups/businesses approved your event? Yes are or will take to notify them of your event: We will inform Eastern Market the surrounding businesses.	t Saturday No ket Parternship leadership and also ses during our community meetings.
pedestrian traffic, sound ca Have local neighborhood g Indicate what steps you ha	ct the surrounding community (i.e. arryover, safety)? No impact beyond a typical Market groups/businesses approved your event? Yes are or will take to notify them of your event: We will inform Eastern Market the surrounding businesses.	t Saturday No ket Parternship leadership and also ses during our community meetings.
pedestrian traffic, sound ca Have local neighborhood g Indicate what steps you ha	ct the surrounding community (i.e. arryover, safety)? No impact beyond a typical Market groups/businesses approved your event? Yes are or will take to notify them of your event: We will inform Eastern Market the surrounding businessed phone numbers (for verification) or attach approved letter(s): Dan Carn	t Saturday No ket Parternship leadership and also ses during our community meetings.
pedestrian traffic, sound cate the local neighborhood and the local neighborhood and the local matter what steps you has been supported to the local names and	no impact beyond a typical Market surroups/businesses approved your event? We will take to notify them of your event: We will inform Eastern Market surrounding businessed phone numbers (for verification) or attach approved letter(s): Dan Carrounding Section 9- EVENT SET-UP	t Saturday No ket Parternship leadership and also ses during our community meetings.
pedestrian traffic, sound can be appropriate to the appropriate of the	ct the surrounding community (i.e. arryover, safety)? No impact beyond a typical Market groups/businesses approved your event? Yes are or will take to notify them of your event: We will inform Eastern Market the surrounding businessed phone numbers (for verification) or attach approved letter(s): Dan Carn	t Saturday No ket Parternship leadership and also ses during our community meetings.
Have local neighborhood gas Indicate what steps you has Indicate contact names and Complete the appropriate of Structure	no impact beyond a typical Market surroups/businesses approved your event? We will take to notify them of your event: We will inform Eastern Market surrounding businessed phone numbers (for verification) or attach approved letter(s): Dan Carrounding Section 9- EVENT SET-UP	t Saturday No ket Parternship leadership and also ses during our community meetings.
Have local neighborhood games and Indicate what steps you had Indicate contact names and Complete the appropriate of Structure How Many?	no impact beyond a typical Market groups/businesses approved your event? We will inform Eastern Market the surrounding businessed phone numbers (for verification) or attach approved letter(s): Section 9- EVENT SET-UP Categories that apply to the event.	t Saturday No ket Parternship leadership and also ses during our community meetings.
pedestrian traffic, sound can be appeared by the Have local neighborhood and the Indicate what steps you has been supported by the Indicate contact names and	ct the surrounding community (i.e. arryover, safety)? No impact beyond a typical Market groups/businesses approved your event? Yes are or will take to notify them of your event: We will inform Eastern Market the surrounding businessed phone numbers (for verification) or attach approved letter(s): Dan Carret Section 9- EVENT SET-UP categories that apply to the event. 1 tent canopy	t Saturday No ket Parternship leadership and also ses during our community meetings.

_	
	Canopy (open on all sides)
	Staging/Scaffolding
	Bleachers
	Company:
	Grill [] Gas [] Charcoal [] Electrical [] Propane
	Fireworks (Pyrotechnics) [] Aerial [] Stage
	Provide Sketch:
	Portable Restrooms: [x] Standard [x] ADA Accessible
	Vehicles
	Type/Weight:
	Other:
	NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.
	Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.
	Will additional utility services be used (power, water, etc.)? Please describe.
	Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

		COMPLETE ALL THAT APPLY
Name of Sanitatio	on Company collecting refuse and	garbage?
Contact Person:	-	
Address:		Phone:
City/State/Zip		
Name of company	providing emergency medical se	rvices?
Contact Person:		
Address		
City/State/Zip:		
Name of company	providing porta-johns.	
Contact Person:		
Address:		Phone:
City/State/Zip:		
Name of private o	atering company?	
Contact Person:		
Address:		Phone:
City/State/Zip:		
SPECIAL USE R	EQUESTS	
Neighborhood Sig	natures must be submitted with appl	
-	ketch of the proposed area for clo Riopelle St	osure.
STREET NAME:	Adelaide	
ROM O	Winder	
Closure Dates:	10/19/19	
Beg. Time: and Time:	6am midnight	
Reopen Date: Fime;	10/19/19	
11110,	midnight	

STREET NAME:		
FROM		
ТО		
Closure Dates:		
Beg. Time:		
Reopen Date:		
Time.		
STREET NAME:		
FROM		
TO		
-	_	
01004110 241001		
Beg. Time: End Time:		
Danier Date:		
Time:		
STREET NAME:		
FROM		
TO		
Closure Dates:		
D T'		
Reopen Date:		
D D :		
Reopen Date:		
Reopen Date: Time: Requested City Equipment Provided In:	(year)	
Reopen Date: Time: Requested City Equipment Provided In: Current Request:	(year)	
Reopen Date: Time: Requested City Equipment Provided In: Current Request:	(year)	
Reopen Date: Time: Requested City Equipment Provided In:	(year)	
Reopen Date: Time: Requested City Equipment Provided In: Current Request: Street Closures:	(year)	lers/Trunks
Reopen Date: Time: Requested City Equipment Provided In: Current Request: Street Closures: [] Posting no parking signs	(year) (year) [] Light pole [] Storage for Trail	lers/Trunks
Reopen Date: Time: Requested City Equipment Provided In: Current Request: Street Closures: [] Posting no parking signs [] Electrical Services Barricades are not available from t	(year) (year) [] Light pole [] Storage for Trail	lers/Trunks
Reopen Date: Time: Requested City Equipment Provided In: Current Request: Street Closures: [] Posting no parking signs [] Electrical Services Barricades are not available from the street of	(year) [] Light pole [] Storage for Trail the City of Detroit.	
Reopen Date: Time: Requested City Equipment Provided In: Current Request: Street Closures: [] Posting no parking signs [] Electrical Services Barricades are not available from the street of	(year) [] Light pole [] Storage for Trail the City of Detroit.	ders/Trunks
Reopen Date: Time: Requested City Equipment Provided In: Current Request: Street Closures: [] Posting no parking signs [] Electrical Services Barricades are not available from the street of	(year) [] Light pole [] Storage for Trail the City of Detroit.	
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Reopen Date: Time: Requested City Equipment Provided In: Current Request: Street Closures: [] Posting no parking signs [] Electrical Services Barricades are not available from the street of	(year) [] Light pole [] Storage for Trail the City of Detroit.	

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

9/13/19
Signature of Applicant
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.



2019-09-04

1066

1066 Petition of Eastern Market Brewing
Co., request to hold "Eastern Market
Brewing Co. Birthday Block Party" at
2515 E Riopelle on October 19, 2019
from 10:00 AM to 11:00 PM with
temporary closure of Riopelle from
Adelaide to Winder.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE POLICE DEPARTMENT
DPW - CITY ENGINEERING DIVISION BUSINESS
LICENSE CENTER
FIRE DEPARTMENT PLANNING AND DEVELOPMENT
DEPARTMENT
TRANSPORTATION DEPARTMENT MUNICIPAL

37

MAYOR'S OFFICE COORDINATORS REPORT

OVERAL	L STATUS (pl	ease c	ircle): 🕢 AP	PROVED	DENIED N/A CANCELED	
Petition #:	Petition #: 1068 Event Name: Slow Your Role on Violence					
	Event Date: October 26, 2019					
Street Clos	sure: None					
	on Name: Still	Stand	ding			
Street Add	ress: <u>7310 W</u>	/oodv	vard Avenu	e Detroi	it, MI 48202	
Date of Cit Due date for Due da	Receipt date of the COMPLETED Special Events Application: Date of City Clerk's Departmental Reference Communication: Due date for City Departments reports: Due date for the Coordinators Report to City Clerk:					
	nents (check all t			7.0	A/Dayfawaaaaa Dowy/Marathara	
Walkati		arnival/(_		t/Performance Run/Marathon	
Bike Ra	=		Ceremony [=	Ceremony Festival	
Filming		arade 			Recreation Rally/Demonstration Awareness Walk	
Firewor			on/Conference [✓ Other: _	- TWAI OHOOD VVAIIX	
24-Hou	r Liquor Licens	е				
	-	Pet	ition Communi	cations (inc	clude date/time)	
	Still Standing will host their annual walk to bring awareness to Domestic Violence on Woodward Avenue (sidewalk only) from 10:00am - 1:00pm.					
	** ALL perm	its and I			pe fulfilled for an approval status **	
Date	Department	N/A	APPROVED	DENIED	Additional Comments	
	DPD		✓		DPD will Provide Special Attention	
DFD/ EMS No Permits Required						
	DPW No Permits Required					
	Health Dept.	V			No Jurisdiction	

Date	Department	N/A	APPROVED	DENIED	Additional Comments	
	TED	✓			No Jurisdiction	
	Recreation	✓			No Jurisdiction	
	Bldg & Safety	✓			No Jurisdiction	
	Bus. License	✓			No Jurisdiction	
	Mayor's Office		✓		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.	
	Municipal Parking	✓			No Jurisdiction	
	DDOT		✓		No Impact on Buses	
	MAYOR'S OFFICE					
Signature	Signature: 18. Justin					

Date: 9-19-19

City of Detroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Still Standing, request hold a walkathon from Woodward at Campus Martius to Woodward at W. Grand on 10-26-19 from 10:00am to 1:00pm.

08 10/2le/19

1068

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	Section 1- GENERAL EVEN	T INFORMATION
Event Name: Still Standing presents:	Slow Your Role on Violence	
Event Location: New Center Park are	ea	
Is this going to be an annual event?	k□ Yes □ No	
Sectio	n 2- ORGANIZATION/APPL	ICANT INFORMATION
Organization Name: Still Standing		
Organization Mailing Address: 7310	Woodward Ave Suite 445 Detroit MI 4820	2
Business Phone: 313 744 5697	Busine	ess Website: stillstandingredeemed.org
Applicant Name: Shari Ware Business Phone: 313 744 5697	Cell Phone: 313 510	0733 Email: sware.stillstanding@gmail.com
Event On-Site Contact Person: Name: Shari Ware		
Business Phone:	Cell Phone: 313 510 0733	Email:sware.stillstanding@gmail.com
		Zinan Siran
Event Elements (check all that apple [] Walkathon	[] Carnival/Circus	[] Concert/Performance
[] Run/Marathon	[] Bike Race	[] Religious Ceremony
[] Political Event	[] Festival	[] Filming
[] Parade	[] Sports/Recreation	[] Rally/Demonstration
[] Convention/Conference	[] Fireworks	[x] Other: Awareness Walk
Please provide a brief description We would like to host a	on of your event: walk that's focus is to bring awarenes	s to violence.

What are the projected set-up, event and tear down dates and times (must be completed)?						
Begin Set-up Date :	NA	Time:	Com	plete Set-up Date:		Time:
Event Start Date: 10/2	6/19	Time:	10:00am	Event End Date:	10/26/19	Time: 1:00pm
Begin Tearing Down D	Pate: NA		Complete Tear	Down Date:		
Event Times (If more th	an one day	, give times for each	day):			
Location of Event: New Martius).	Center Or			ITE INFORMA		d. to Jefferson (Campus
Facilities to be used (cir Facility	rcle): S	treet	Sidewalk	Park	:	City
Please attach a copy of anticipated layout of yo				agreements as well as a	site plan which illus	strates the
-Public entrance and ex				-Location of First Aid		
 Location of merchandi Location of food booth 		S		-Location of fire lane-Proposed route for w	alk/nın	
-Location of garbage re-				-Location of tents and		
-Location of beverage b	ooths			-Sketch of street closu		
-Location of sound stag				 Location of bleachers Location of press are 		
-Location of hand wash -Location of portable re				-Sketch of proposed li		
		Sec	tion 4- ENTE	ERTAINMENT		
Describe the entertainm	nent for this	s year's event: NA				
Will a sound system be	used?	□ Yes x□ I	No			
If yes, what type of sour	nd system?					
Describe specific power NA	needs for	entertainment and/or	music:			
How many generators w	vill be used	?				
How will the generators	be fueled?					

Name of vendor providing generators:		
Contact Person: NA		
Address:		Phone:
City/State/Zip		
	Section 5- SALES INFO	DRMATION
Will there be advanced ticket sales? x X Y If yes, please describe:	es No	
Will there be on-site ticket sales? $x \square x$ If yes, list price(s):	Yes	
Will there be vending or sales?	Yes □ ¾ No	
[] Food [] Merchandise	[] Non-Alcoholic Beverages	[] Alcoholic Beverages
Indicate type of items to be sold:		
	BLIC SAFETY & PARI	KING INFORMATION
Name of Private Security Company:		
Contact Person:		
Address: NA		Phone:
City/State/Zip:		
City/State/Zip:	ır Shift:	
lumber of Private Security Personnel Hired Pe		[] Bonded
lumber of Private Security Personnel Hired Pe	at apply):	[] Bonded
umber of Private Security Personnel Hired Personnel Hired Personnel (check all that a line of personnel (check all that a line of line	at apply): [] Armed ons?	[] Bonded ent, details will be posted through marketin

Section 7-	- COMMUNICATION	N & COMMUNITY IMPACT INFORMATION			
How will your event impact Pedestrian traffic	the surrounding community (i.e	e. pedestrian traffic, sound carryover, safety)?			
redestrian traffic					
Have local neighborhood gro	oups/businesses approved your	event? Not yet!			
Indicate what steps you have	e or will take to notify them of y	your event:			
	We will personally reach out to the neighborhoods groups/businesses for their support.				
	Sectio	on 8- EVENT SET-UP			
Complete the appropriate categories	ories that apply to the event Stre	ructure			
	How Many?	Size/Height			
Booth					
Tents (enclosed on 3 sides)	N A				
Canopy (open on all sides)	NA				
Staging/Scaffolding	NA				
Bleachers	NA				
	Section 9- COMPI	LETE ALL THAT APPLY			
Emergency medical services?					
Contact Person: NA					
Address:					
City/State/Zip:					
Name of company providing por	t-a-johns.				
Contact Person: NA					
Address:		Phone:			
City/State/Zip:					
Name of private catering compa	ny?				
Contact Person: NA					
Address:		Phone:			
City/State/Zip:					

SPECIAL USE REQUESTS

Attach a map or sketch of the proposed area for closure.

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

STREET NAME: NA FROM: ______TO: _____ CLOSURE DATES: ______ BEG TIME: _____ END TIME: ____ REOPEN DATE: _____TIME: _____ STREET NAME: ____TO: _____ FROM: CLOSURE DATES: BEG TIME: END TIME: REOPEN DATE: _____TIME: _____ STREET NAME: ______ FROM: _____TO: ____ CLOSURE DATES: BEG TIME; END TIME; REOPEN DATE: _____TIME: _____ STREET NAME: FROM: ______TO: _____ CLOSURE DATES: ______ BEG TIME: _____ END TIME: ____ REOPEN DATE: _____TIME: _____ STREET NAME: FROM: ______TO: _____ CLOSURE DATES: ______ BEG TIME: _____ END TIME: ____ REOPEN DATE: ______TIME: _____

PLEA	ASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:
1)	CERTIFICATE OF INSURANCE
2)	EMERGENCY MEDICAL AGREEMENT
3)	SANITATION AGREEMENT
4)	PORT-A-JOHN AGREEMENT
5)	COMMUNITY COMMUNICATION
6	

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Shari Ware	08/20/19	
Signature of Applicant	Date	

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)	
Event Name: Slow your ROLE on Violence	Event Date: <u>10/26/19</u>
Event Organizer: Shari Ware	
Applicant Signature: Shari Ware	Date: <u>08/20/19</u>

STILL STANDING SLOW YOUR ROLE WALK ROUTE

We will begin walking North down Woodward, beginning at Campus Martius at Congress St. and ending at our office located at 7310 Woodward Ave. We will be crossing streets Fort, Michigan, Gratiot, Mack, Warren, arriving at Woodward and W. Grand Blvd.

Once we reach the office location, we will be taking 12 seconds of silence in recognition, reflection, memory and honor of all battered men, women and children, especially those who have been murdered by their batterers. After taking the 12 seconds, we will then be releasing purple balloons.

This walk **will not** include any vendors, entertainment, police assistance, road shut downs, sound systems or tents/canopy's.

1068 Petition of Still Standing, request hold a walkathon from Woodward at Campus Martius to Woodward at W. Grand on 10-26-19 from 10:00am to 1:00pm.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT DEPARTMENT BUSINESS LICENSE CENTER TRANSPORTATION DEPARTMENT MUNICIPAL

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MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED							
Petition #:	Petition #:/ 0 8 5 Event Name: 2019 Natural Disaster Preparedness Expo						
	Event Date : September 28, 2019						
	sure: None						
	on Name: Mon						
Street Add	ress: 1 Lafay	ette F	Plaisance #9	912 Det	roit, MI 482	07	
Date of City	te of the COMPL y Clerk's Departn	nental F	Reference Comm				
	or City Departme or the Coordinato						
Event Elen	nents (check all t	nat appl	y):				
Walkath	non Ca	arnival/0	Circus	Concert	t/Performance	Run/Marathon	
Bike Ra	ace Re	eligious	Ceremony	Political	l Ceremony	Festival	
Filming	Pa	arade		Sports/I	Recreation	Rally/Demonstration	
Firewor	rks Co	onventio	on/Conference	✓ Other: _	Community	Expo	
24-Hou	ır Liquor Licens	е	_	_			
The Ment	ford Doint Marin		tition Communic			pare citizens for natural	
disasters	at the Martin Lu	ther Kir	ng, Jr. Senior H	igh Schoo	l parking lot from	n 10:00am - 5:30pm.	
Date	** <u>ALL</u> perm	its and I	icense requirem	ents must b	pe fulfilled for an	approval status **	
Date	•	IV/A		DEMIED		ill Provide Special Attention	
	DPD						
					No Permits Re	equired	
	DFD/ EMS		V				
	DDM				No Jurisdiction	1	
	DPW		✓				
	Health Dept.		√		No Pe	ermits Required	

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		V		No Permits Required
	Recreation	V			No Jurisdiction
	Bldg & Safety		\checkmark		No Permits Required
	Bus. License	V			No Jurisdiction
	Mayor's Office		V		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of event
	Municipal Parking	V			No Jurisdiction
	DDOT		✓		No Impact on Buses

MAYOR'S OFFICE

Signature:	B. Lucher	
	-	

Date: 9-19-19

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, September 19, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE BUSINESS LICENSE CENTER

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT

RECREATION DEPARTMENT POLICE DEPARTMENT

FIRE DEPARTMENT

Montford Point Marines America, request to hold 2019 National Disaster Preparedness Expo at Martin Luther King High School on September 28, 2019 from 3:30pm to 5:30pm with set-up and tear down on the same day.

9/28/19 (085 ork. The m out for

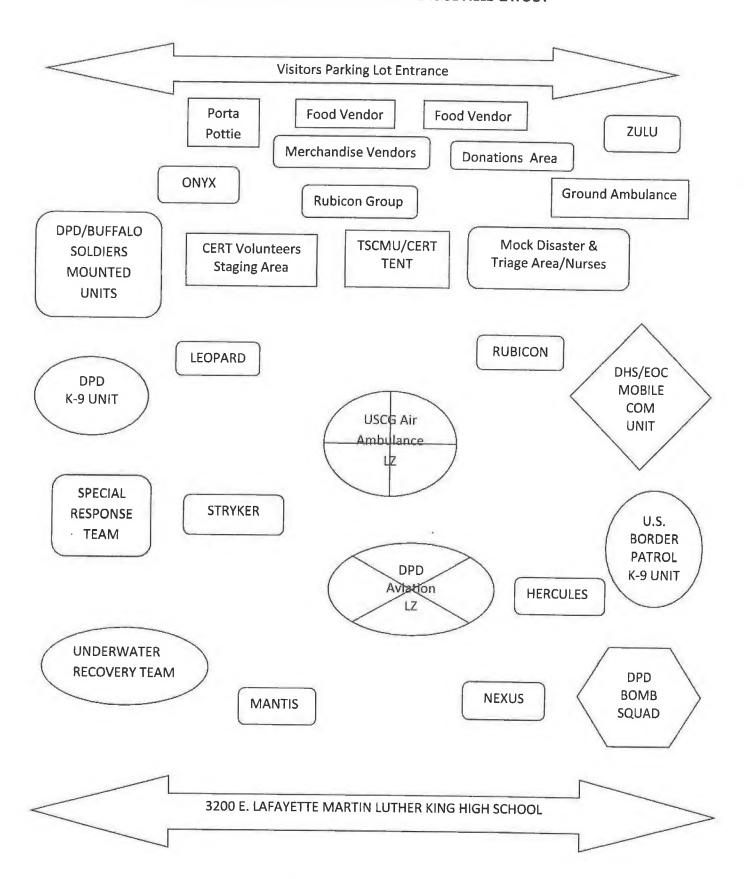
City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Se	ction 1- GENERA	L EVENT INFORMATION
Event Name: 2019 NATIO	NAL DISAST	ER PREPAREDUESS EXPO
		HIGH SCHOOL 3200 E. LAFAY ETTE
Section 2	- ORGANIZATIO	N/APPLICANT INFORMATION
Organization Name: No NTF	PEINT M	AINES AMERICA
Organization Mailing Address: LA	FAY ETTE PI	PAISANCE #912 DETEOIL, MIT 18207
Business Phone: 313-300		Business Fax: 313-397-0355
Federal Tax ID# 38-529	5532	
If registered as a no	n-profit, indicate non-p	rofit ID number and attach a copy of the certificate.
Applicant Name: ROBERT	MIDDLET	43
	- COMMAND	
Email Address: MONTFORG	POINTMARI	NES MICHIGAN @ COMCAST. NET
_		DETROIT, MT 48207
Business Phone: 3(3 300	-0165	Business Fax:: 313-392-0355
Event On-Site Contact Person:		
Mailing Address: SAME A	S ABOVE	
Business Phone: 3/3-306-	0165	Business Fax: 3(3-392-0355
List name/phone number of person(s)	authorized to make deci	sions for the organization/event (indicate role/responsibility).
List Event Sponsors: Toker	MIDDLETON	
Event Elements (check all that apply)		
[] Walkathon	[] Carnival/Circus	[] Concert/Performance
[] Run/Marathon	[] Bike Race	[] Religious Ceremony
[] Political Event	[] Festival	[] Filming
[] Parade	[] Sports/Recreation	[] Rally/Demonstration
[]Convention/Conference	[] Fireworks	X) Other: COMMUNITY EXPO

Provide a brief description of your event:
PROMITE THE PUBLIC INTEREST AND EDUCATION THE PUBLIC ON PISASTER PREPAREDNESS
THE VEDICE OF THE STATE OF THE
What are the projected set-up, event and tear down dates and times (must be completed)?
Begin Set-up Date & Time: SEPT 28th 3:30 PM Event Start Date & Time: SEPT 28th 10 AM Event End Date & Time: SEPT 28th 5:80 PM
Begin Tearing Down Date: SEPT Z9TH Complete Tear Down Date: SEPT Z9TH
Event Times (If more than one day, give times for each day): SEFT 2 8TH 10 AM 70 3:30 PM
Is this the first time you have held this event in the City of Detroit?
If no, what years has the event been held in Detroit? 2017, 2018
When was the event last held in Detroit? SEPTEMBER 29TH 2018
Where was the event last held in Detroit? MARTIN LUFHER KING WICH SOLOD L
What were the hours last year? 10:00 AM - 3:30 PM,
Project Attendance This Year (Minimum – Maximum)? 150 - 175
What is the basis for your projected attendance? BASED ON LAST YEARS ATTENDANCE
Please describe your anticipated/ target audience:
Is this going to be an annual event? Yes No
If yes, do you have a preferred/proposed for next year?
f a parade is planned. Indicate elements (check all that apply):] People [] Balloons
] Floats [] Animals
] Vehicles [] Other:
] Bands
f animals included, specify type, number and how used.
Name of business supplying animal(s):
Contact Person:
Address: Phone:
ity/State/Zip;

NATIONAL PREPAREDNESS MONTH EXERCISE FIELD LAYOUT



Section 3-1	OCATION/SITE INFORMATION
Location of Event: MACTIN LOTHER	KING, NIGH SCHOOL 3200 E. LAFAY ETTE
Facilities to be used (circle):	Sidewalk Park City Facility
Please attach a site plan which illustrates the anticipated	
-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks -Location of portable restrooms	-Location of First Aid -Location of fire lane -Proposed route for walk/run -Location of tents and canopies -Sketch of street closure -Location of bleachers -Location of press area -Sketch of proposed light pole banners
Seet	ion 4- ENTERTAINMENT
What type of entertainment will be used? (check all that	apply)
[] Singers [] Magician	1
[]Musicians [] Story Tel	ling
[] Comedians	EACE PRINTING
Describe the entertainment for this year's event:	e event: WONE
Will a sound system be used? Yes No	
If yes, what type of sound system?	PA SYSTEM.
Acoustic-audible, sound heard within natural range	
[] Amplified-augmented, sound increased to broaden range The amplified sound will be used:	
Will the event consist of a musical concert? Yes	No.
If yes, what type of music? (check all that apply)	
[] Live [] Recorded [] Karaoke/Lip-synch
Describe specific power needs for entertainment and/or music:	N/A
How many generators will be used?	4.0 0
How will the generators be fueled?	
Name of vendor providing generators:	
Contact Person:	

*

Address:	Phone:
City/State/Zip:	
	on 5- COMMUNICATION/ADVERTISING STRATEGY
	scribe the type of promotion you plan to use to attract participants:
Radio (Specify stations):	
Television (Specific stations):	
Newspapers (specify papers):	
Web site (identify web address	s):
[] Public Relations or Marketing	Firm (Specify):
Contact Info: [] Raffle (List Item(s)):	
[] Billboards	
Flyers	
[] Street Banners	
[] Other (specify):	
NOTE: All raffles subject to laws	s of State/City
Will there be advanced ticket sales? If yes, please describe:	Section 6- SALES INFORMATION 7 Yes You
Will there be on-site ticket sales? If yes, list price(s):	□ Yes ☑ No
Will food be sold? If yes, please pick up Special Event	ves No s Vendor Packet in Suite 105:
Will merchandise be sold? If yes, describe:	□ Yes No
Will a percentage of the proceeds be	e distributed to a charitable organization?
If yes, describe:	m/k
If the event is a fundraiser, identify	charity or recipient of funds:
Will there be vending or sales? If yes, check all that apply:	Yes D No
Food	[] Merchandise
[] Non-Alcoholic Beverages	[] Alcoholic Beverages
[] Other (annifol)	
Indicate type of items to be sold:	

Sect	1011 /- PUBLIC SAFETY &	PARKING INFORMATI	ON
Name of Private Security Compa	any: Existing park contract security will	be used.	
Contact Person:	NONE		
Address:	AIN	Phone:	
City/State/Zip:	NA		
Number of Private Security Pers	onnel Hired Per Shift:		
Are the private security personne	el (check all that apply):		
[] Licensed	[] Armed		[] Bonded
Describe the emergency evacuati	on plan: ALL GUEST DI	RECTED TO EXT ON	LARNED 3T
Describe the parking plan to acco	ommodate anticipated attendance:	ON SITE PACKING	
	f parking options?		TEECS
Are you seeking a group parking	htn		10000
S	ection 8- COMMUNITY IN	APACT INFORMATION	
How will your event impact the s pedestrian traffic, sound carryove	r cofety)?		
•	TRAFF	ICAND PEDESTRAL N	OT STEGIED
Have local neighborhood groups/	businesses approved your event?	Yes 🗀 No	
Indicate what steps you have or w	vill take to notify them of your event:	TSISTERUTION OF FI	YERS
TO LOCAL BES	IDENTS		= 3.2
		11 ()	
	numbers (for verification) or attach app		0.7.0
LAWRENCE FITZ	MLK FACILITY M	ar. 313-474-1	313
	Section 9- EVEN	OT CET HD	
		NI SEI-UĽ	
Complete the appropriate categories Structure	es that apply to the event.		
How Many?	- B		
Size/Height	- N/A		
Booth	MA		
Tent (enclosed on 3 sides)	MA		

Contact Person:	NONE	
Address:		
City/State/Zip	Ph	one:
	providing emergency medical services? NONE	
Contact Person:	NONE	
Address:		
City/State/Zip:		
Name of company p	providing porta-johns. S'COTTIE POTTIES P	ARKUPY SUCES
Contact Person:	KATE	
Address:	1600 CLAY Phor	10: 313, 334-4231
City/State/Zip:	DETROIT, MI	
Name of private cat	ering company? NONE	
Contact Person:		
Address:	Pho	ie:
City/State/Zip:		
PECIAL USE REC	QUESTS	
ist any streets or pos leighborhood Signati	sible streets you are requesting to be closed. Include the day, date, and are must be submitted with application for approval.	d time of requested closing and reopening.
ttach a map or sket	tch of the proposed area for closure. NA	
TREET NAME: _		
ROM –		
losure Dates: eg. Time: nd Time:		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisi

	IT SUBHOGATION IS WAIVED, subjethis certificate does not confer rights	to the	certi	ficate holder in lieu of	encil 6	ndorsementi	policies may s).	/ require an e	ndorseme	ent. A s	tatement or
					CONT		ıddux				
	ast Main Street Insurance Services, Inc.				PHONE (A/C, No. Ext): (530) 477-6521 FAX (A/C, No):						
	/ill Maddux				E-MAIL ADDRESS: info@theeventhelper.com						
1	O Box 1298					II	SURER/S) AFFO	ORDING COVERAG	· ·		NAME OF
	rass Valley			CA 95945	INSUF	ERA: Evans	ton Insurance	Company			35378
INS	SURED				INSUR	EAB:					30376
	Montford Point Marines Am	erica			INSUR	ER C:					
	Robert Middleton				INSUR					-	
1	1 Lafayette Plaisance, Apt 9	912			INSUR						
_	Detroit			MI 48207	INSUR						
	OVERAGES CE	RTIFIC	ATE	NUMBER:				REVISION N	IIIMPED.		
E	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTA POLIC	AIN, T	HE INCLIDANCE ACCORD	OI AI	TUCONTRACT	OK OTHER	ED NAMED AB DOCUMENT W	OVE FOR	THE POL ECT TO V	ICY PERIOD WHICH THIS THE TERMS,
LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP			IT.	
	COMMERCIAL GENERAL LIABILITY					[[] [] [] [] [] [] [] [] [] [UNIMADERA A A A		LIMI	_	00.000
	CLAIMS-MADE X OCCUR							DAMAGE TO RE	NTED	\$ 1,00	
	Host Liquor Liability							PREMISES (Ear		\$ 100	
Α	Retail Liquor Liability	Y		3DS5468-M2713509		08/17/2019	08/18/2019	MED EXP (Any o		s 5,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 AM	12:01 AM	PERSONAL & AD		\$ 1,00	-
	POLICY PRO- LOC						12.01 A(V)	GENERAL AGGR		\$ 2,00	
	OTHER:							PRODUCTS - CC Deductible	MP/OP AGG		0,000
	AUTOMOBILE LIABILITY							COMBINED SING	LE UMIT	\$ 1,00	0
	ANY AUTO							(Ea accident)		\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM			
	ADTOS GIVET							(Per accident)	mac	\$	
	UMBRELLA LIAB OCCUR									\$	
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRE	NCE	\$	
	DED RETENTIONS							AGGREGATE		S	
	WORKERS COMPENSATION							TRER	LOTE	\$	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N							PER STATUTE	OTH- ER		
	(Mandatory In NH)	N/A						E.L. EACH ACCID	ENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA	EMPLOYEE	S	
	DESCRIPTION OF EXAMINAS BAIDW				-			E.L. DISEASE - PO	DLICY LIMIT	S	
DESC	CRIPTION OF OPERATIONS/LOCATIONS/VEHICL	EC (400	000 40	4 4 1 101							
SCS CI	ficate holder listed below is named as a idance: 250, Event Type: Speaking Eng	dditions	al incu	red per attached MEGL:	2217 O	attached if more	space le require	d)			
CEF	RTIFICATE HOLDER				CANC	ELLATION			-		
										_	
City of Detroit c/o Detroit City Council Coleman A. Young Municipal Center						PRDANCE WITH	THE POLICY	SCRIBED POLICE REOF, NOTICE PROVISIONS.	CIES BE CA	NCELLEI E DELIV) BEFORE 'ERED IN
	2 Woodward Avenue	MI 48226	AUTHORIZED REPRESENTATIVE								



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

City of Detroit c/o Detroit City Council Coleman A. Young Municipal Center 2 Woodward Avenue Detrolt, MI 48226

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II Who Is An Insured:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- **B.** With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

1085 Petition of Montford Point Marines
America, request to hold 2019
National Disaster Preparedness Expo
at Martin Luther King High School on
September 28, 2019 from 3:30pm to
5:30pm with set-up and tear down on
the same day.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE BUSINESS LICENSE CENTER
DPW - CITY ENGINEERING DIVISION PLANNING AND
DEVELOPMENT DEPARTMENT
RECREATION DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT

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MAYOR'S OFFICE COORDINATORS REPORT

OVERAL	L STATUS (pl	ease c	ircle): 🕢 AP	PROVED	DENIED N/A CANCELED			
Petition #:	1086	Eve	ent Name:_Hanr	nah Fere	enchick & Rohan Policheria Wedding			
Event Date	October 5	5, 201	9					
Street Clos	Street Closure: Washington Boulevard							
Organizati	Organization Name: Melissa Marie Events							
Street Add	ress: 47655	Roch	ester Drive	Novi, M	11 48374			
Date of Cit Due date f	Receipt date of the COMPLETED Special Events Application: Date of City Clerk's Departmental Reference Communication: Due date for City Departments reports: Due date for the Coordinators Report to City Clerk:							
Event Eler	nents (check all t	hat app	ly):					
Walkatl	hon C	arnival/0	Circus	Concer	rt/Performance Run/Marathon			
Bike Ra	ace R	eligious	Ceremony [Politica	al Ceremony Festival			
Filming	P	arade			/Recreation Rally/Demonstration			
Firewor	rks C	onventio	on/Conference	✓ Other: _	Wedding Baraat			
24-Hou	ır Liquor Licens	е						
		Pot	ition Communic	cations (in	clude date/time)			
the Groom	Petition Communications (include date/time) The Baraat is requesting a temporary street closure on Washington Boulevard for a processional for the Groom's wedding at the Westin Book Cadillac from 2:30pm - 3:30pm; with temporary street closure on Washington Boulevard between Michigan Avenue and State Street.							
					be fulfilled for an approval status **			
Date	Department	N/A	APPROVED	DENIED	Additional Comments 3rd Precinct Assisted Event			
	DPD		✓		Std Fredhict Assisted Event			
	DFD/ EMS		✓		No Permits Required			
	DPW		\checkmark		DPD Assisted Event; No Permits Required			
	Health Dept.	✓			No Jurisdiction			

Date	Department	N/A	APPROVED	DENIED	Additional Comments			
	TED		V		DPD Assisted Event; No Permits Required			
	Recreation	✓			No Jurisdiction			
	Bldg & Safety	✓			No Jurisdiction			
	Bus. License	✓			No Jurisdiction			
	Mayor's Office		\checkmark		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.			
	Municipal Parking		✓		No Purchase of Parking Meters Required			
	DDOT		V		Low Impact on Buses			
	MAYOR'S OFFICE Signature: B. Aughu							

Signature: B. Lucher	
Date: 9-19-19	

City of Detroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, September 19, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Melissa Marie Events, request to hold Hannah Ferenchick and Rohan Policherla Wedding in front of the Book Cadillac Hotel on Washington Blvd from Michigan Ave to State St on 10-5-19 from 2:30 to 3:30pm

City of Detroit Special Events Application

10/5/19

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Sec	tion 1- GENERAL EVEN	Γ INFORMATION
Event Name: Hannah Ferenchick a	nd Rohan Policherla Wedd	ing
Event Location: Westin Book Cadila		
Is this going to be an annual event? Y	es No	
Section 2-	ORGANIZATION/APPL	ICANT INFORMATION
Organization Name. Melissa Marie E	vents	
Organization Mailing Address: 47655 R	ochester Dr, Novi, MI 4837	74
Business Phone: 248-881-9111		nelissamarieevents.com
Business Frionc. 2 10 001 011	Santon	
Applicant Name: Melissa Osborne		
Business Phone: 248-881-9111	248-881-9111 Cell Phone:	melissamevents@gmail.com
Event On-Site Contact Person:		
Name Melissa Osborne		
Business Phone: 248-881-9111	Celf Phone: 2488819111	Email: melissamevents@gmail.com
Event Elements (check all that apply)		
[] Walkathon	[] Carnival/Circus	[] Concert/Performance
[] Run/Marathon	[] Bike Race	Religious Ceremony
[Political Event	[] Festival	[] Filming
[] Parade	[Sports/Recreation	[] Rally/Demonstration
[] Convention/Conference	Fireworks	Other: wedding
250)	
Projected Number of Attendees: 250 Please provide a brief description of	your event:	
Baraat - Indian groom celebrat		estin for Indian ceremony

6

Begin Set-up Date October 5,	Time: 02:00	pm Complete Set-up Date: (October 5, 201	9 Time:02:30pm
Event Start Date: October 5,	Time:02:30	om Event End Date: Octok	per 5, 2019	Time:3:30pm
Begin Tearing Down Date:Octobe	er 5, 2019	Complete Tear Down D	ate:October 5, 2	2019
event Times (If more than one day, g	ive times for each	h day):		
pm-3:30pm				
	Section 3- I	OCATION/SITE IN	(FORMATIO	N
Location of Event: In front of We				
	cet 🗸	Sidewalk 🗸	Park	City
Please attach a copy of Port-a-John, santicipated layout of your event include:	Sanitation, and Ending the following	mergency Medical Agreemen ng:	ts as well as a site pl	an which illustrates the
-Public entrance and exit			n of First Aid	
-Location of merchandising booths -Location of food booths			on of fire lance ed route for walk/rui	1
-Location of garbage receptacles		-Locatio	on of tents and canop	
-Location of beverage booths			of street closure on of bleachers	
-Location of sound stages -Location of hand washing sinks			on of press area	
-Location of portable restrooms			of proposed light po	le banners
You will be pr	ompted to	upload these att	achments up	oon submitting this form
	Se	ection 4- ENTERTAL	NMENT	
Describe the entertainment for this y	ear's event:			
DJ				
Will a sound system be used?	Yes 🗆	No		
Will a sound system be used? If yes, what type of sound system? po				
If yes, what type of sound system?	ortable spea	ker		
If yes, what type of sound system? power needs for en	ortable spea	ker		
•	ortable spea	ker		
If yes, what type of sound system? posseribe specific power needs for en	ortable spea	ker		

Name of vendor providing generators:	
Contact Person:	
Address:	Phone:
City/State/Zip	
	Section 5- SALES INFORMATION
Will there be advanced ticket sales? Ye If yes, please describe:	
Will there be on-site ticket sales? Y If yes, list price(s):	Yes No
Will there be vending or sales? If yes, check all that apply:	Yes No
[] Food [] Merchandise	[] Non-Alcoholic Beverages [] Alcoholic Beverages
Indicate type of items to be sold:	
4	
Section 6- PU	BLIC SAFETY & PARKING INFORMATION
	BLIC SAFETY & PARKING INFORMATION
Name of Private Security Company:	BLIC SAFETY & PARKING INFORMATION
Name of Private Security Company: Contact Person:	BLIC SAFETY & PARKING INFORMATION Phone:
Name of Private Security Company: Contact Person: Address:	
Name of Private Security Company: Contact Person: Address:	
Name of Private Security Company: Contact Person: Address: City/State/Zip:	Phone:
Section 6- PU Name of Private Security Company: Contact Person: Address: City/State/Zip: Sumber of Private Security Personnel Hired Pe Are the private security personnel (check all the	Phone:

How will you advise attendees of parking options?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? some noise from the music, people dancing

Have local neighborhood groups/businesses approved your event?

☐ Yes



Indicate what steps you have or will take to notify them of your event: should not disturb any neighbors or businesses

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY				
Emergency medical services?				
Contact Person:				
Address:				
City/State/Zip:				
Name of company providing port-a-johns.				
Contact Person:				
Address:	Phone:			
City/State/Zip.				
Name of private catering company?				
Contact Person:				
Address:	Phone:			
City/State/Zin:				

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed		
STREET NAME: Washington Blv	vd	_
	TO: State St	
		DUD #1145
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIMÉ:	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
	_TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit:

Melissa	Marie Osberne
day a New	race is a contrar of facility of the first

06/26/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Hannah Date: 6/26/19	Event	
Event Organizer: Melissa Osborne		
Applicant Signature: Date: 06/26/2019	Medissa Marie Osberne	

2019-09-19

1086 Petition of Melissa Marie Events, request to hold Hannah Ferenchick and Rohan Policherla Wedding in front of the Book Cadillac Hotel on Washington Blvd from Michigan Ave to State St on 10-5-19 from 2:30 to 3:30pm

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT

FIRE DEPARTMENT BUSINESS LICENSE CENTER TRANSPORTATION DEPARTMENT MUNICIPAL

MAYOR'S OFFICE COORDINATORS REPORT

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OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED						
Petition #: 109 © Event Name: High Times Detroit - Cannabis Bazaar 2019						
Event Date: October 12 - 13, 2019						
Street Closure: Clay, Riopelle & Hartwick						
Organization Name: Hig	h Time	es Production	ons, Inc.	Los Angeles	, CA 90024	
Street Address: 10990 Wilshire Boulevard						
Receipt date of the COMP Date of City Clerk's Departm Due date for City Departm Due date for the Coordina	tmental R nents repo	eference Comm rts:	pplication: unication:			
Event Elements (check all						
	Carnival/C	_	Concert	/Performance	Run/Marathon	
		Ceremony	 ☐ Political	Ceremony	Festival	
	Parade		Sports/F	Recreation	Rally/Demonstration	
Fireworks	Conventio	on/Conference	Other: _			
24-Hour Liquor Licer	ıse					
			(inc	Juda data/tima)		
Petition Communications (include date/time) The High Times Detroit Cannabis Bazaar located at the Russell Industrial Center will feature exhibitors, local food vendors, live musical performaces and educational seminars about the cannabis industry from 12:00pm - 8:00pm; with temporary street closures on Clay, Riopelle and Hartwick.						
** ALL per	mits and I	license requirem	ents must b	e fulfilled for an app	oroval status **	
Date Department		APPROVED	DENIED	Additi	onal Comments	
DPD		\checkmark			ent; Contracted with G&R de Private Security	
DFD/ EMS		V			ons; Contracted with Hart de Private EMS Services	
DPW		✓		ROW Permit Red	quired for Street Closures	
Health Dept		V		Temporary Fo	ood License Required	

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		V		Type III Barricades, Detour & Road Closure Signage Required
	Recreation	✓			No Jurisdiction
_	Bldg & Safety		V		Permits Required for Tents, Stages, Generators & Electrical
	Bus. License		✓		Vendors Licenses Required
	Mayor's Office		V		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking		V		No Parking Signs Required
	DDOT		✓		No Impact on Buses

MAYOR'S OFFICE

Signature: B. Lucher		4
Signature.		

Date: 9-19-19

City of Detroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, September 19, 2019

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From: Janice M. Winfrey, Detroit City Clerk

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MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

High Times Productions, Inc., request to hold High Times Detroit - Cannibis Bazaar 2019 at the Russell Industrial Center on 10-12-19 and 10-13-19 from 12:00 pm to 8:00 pm with street closure. Set up begins 10-8 with tear down on 10-14 and 10-15.

City of Detroit Special Events Application

1099

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	Section 1- GENERAL EVI	ENT INFORMATION
Event Name: High Times Detroi	t - Cannabis Bazaar 2019	
Event Location: Russell Industr		
Is this going to be an annual event?	Z Yes □ No	
Section	n 2- ORGANIZATIÓN/AP	PLICANT INFORMATION
Organization Name: High Times	Productions, Inc.	
Organization Mailing Address: 1099	00 Wilshire Blvd, PH	
Business Phone: 973-617-7540	Business Websi	te: cannabiscup.com
Applicant Name: Sameen Ahma	ad	
Business Phone: 973-617-7540	Cell Phone:	Email:
Event On-Site Contact Person: Name: same as applicant na	ame	
Business Phone:	Cell Phone:	Email:
Event Elements (check all that apply	y)	
[] Walkathon	[] Carnival/Circus	[] Concert/Performance
[] Run/Marathon	[] Bike Race	[] Religious Ceremony
[] Political Event	Festival	[] Filming
[] Parade	[] Sports/Recreation	[] Rally/Demonstration
[] Convention/Conference	[] Fireworks	[] Other:
Please provide a brief descriptio		
The High Times Detroit Can	nabis Bazaar will feature ex	nibitors, local food vendors, live musical performances
and educational seminars at	oout the cannabis industry.	

Begin Set-up Date : October 8, 2019	Time: 10AM	Complete Set-up Date: October 15, 2019		ime: SPM
Event Start Date: October 12, 2019	Time: 12PM	Event End Date: October 13, 2019		ime: PM
Begin Tearing Down Date: October 14, 2019		Complete Tear Down Date: October 15, 2019		
Event Times (If more than one	day, give times for ea	ch day):		
12PM - 8PM				
_				
	Section 3-	LOCATION/SITE IN	FORMATION	
Location of Event: Russell	Industrial Center			
Facilities to be used (circle): 'Facility	Street	√ Sidewalk	Park	City
Please attach a copy of Port-a- anticipated layout of your eve	John, Sanitation, and intincluding the follow	Emergency Medical Agreements ring:	as well as a site plan wh	nich illustrates the
-Public entrance and exit			of First Aid	
-Location of merchandising be- -Location of food booths	ooths		of fire lane l route for walk/run	
-Location of garbage receptac		-Location	of tents and canopies	
-Location of beverage booths -Location of sound stages			f street closure of bleachers	
-Location of hand washing sir	nks	-Location	of press area	
-Location of portable restroon	ns	-Sketch of	proposed light pole bar	nners
	5	Section 4- ENTERTAIN	IMENT	
Describe the entertainment fo				
TBD		•		
100				
				
Will a sound system be used?		No		
		nd system not to exceed 86 dl	0	
Describe specific power needs	s for entertainment and	I/or music:		
generator power that will b	e permitted with the	city		
YY	11			
How many generators will be	used?			
How will the generators be fu-	eled? with a fuel true	ck in the ams	_	

		Dhama
Address:		Phone:
y/State/Zip		
	Section 5- SALES INFO	RMATION
'ill there be advanced ticket sales?	s 🗆 No	
/ill there be on-site ticket sales?	es D No old out in advance	
Vill there be vending or sales? f yes, check all that apply:	Yes 🗆 No	
Food Merchandise	Non-Alcoholic Beverages	[] Alcoholic Beverages
diameter handle trabita ha	ats nins food	
ndicate type of items to be sold. It shifts, ha	ita, pino, rood	
Indicate type of items to be sold: t shirts, ha	ita, pino, toda	
noticate type of items to be sold. It stills, ha		
Section 6- PU	BLIC SAFETY & PARK	ANG INFORMATION
Section 6- PU Tame of Private Security Company: Existing F	BLIC SAFETY & PARK	ANG INFORMATION
Section 6- PU ame of Private Security Company: Existing pontact Person:G&R Security	BLIC SAFETY & PARK	
Section 6- PU ame of Private Security Company: Existing pontact Person:G&R Security	BLIC SAFETY & PARK	ANG INFORMATION Phone:
Section 6- PU Tame of Private Security Company: Existing prontact Person: G&R Security ddress:	BLIC SAFETY & PARK	
	BLIC SAFETY & PARK park contract security will be used.	
Section 6- PU Jame of Private Security Company: Existing purposes on tact Person: G&R Security Juddress: Judy/State/Zip: Jumper of Private Security Personnel Hired Person	BLIC SAFETY & PARK park contract security will be used.	
Section 6- PU Iame of Private Security Company: Existing p Contact Person: G&R Security Address: City/State/Zip:	BLIC SAFETY & PARK park contract security will be used.	
Section 6- PU ame of Private Security Company: Existing pontact Person: G&R Security ddress: ity/State/Zip: umber of Private Security Personnel Hired Personnel Hired Personnel Check all the	BLIC SAFETY & PARK park contract security will be used. er Shift: at apply):	Phone:
Section 6- PU ame of Private Security Company: Existing pontact Person: G&R Security ddress: ty/State/Zip: amber of Private Security Personnel Hired Personnel Hired Personnel Check all the	BLIC SAFETY & PARK park contract security will be used. er Shift: at apply):	Phone:

we will look to close Clay at	nd one lane on Russell for ou	(i.e. pedestrian traffic, sound carn tt offsite parking shuttle service, w	yover, sat e will have	the right of way permit for the sidewa
closure to keep pedestrians	off the road and lastly sound	will not carry over past 8pm		
Have local neighborhood gro	oups/businesses approved yo	ur event?	☑ Yes	□ No
Indicate what steps you have	or will take to notify them o	f your event:		
once approved we w	ill send a neighborho	od letter		
	Sect	ion 8- EVENT SET-UP		
Consulate the engineer entropy				
Complete the appropriate catego	mes that apply to the event s	off acture		
	How Many?	Size/Height		
Booth	4	TDD		
Tents (enclosed on 3 sides)	<u>4</u> 55	TBD	_	
Canopy (open on all sides)	1	mobile stage	_	
Staging/Scaffolding		mobile stage		
Bleachers		-	_	
	Section 9- COM	PLETE ALL THAT AP	PLY	
nergency medical services?				
ntact Person: Hart Medi	cal - Adam			•
dress:				
ty/State/Zip:				
	t-a-johns.			
me of company providing por				
nme of company providing por entact Person: Jay's Portabl				_
		Phone:		
ntact Person: Jay's Portabl		Phone:		
ontact Person: Jay's Portablidress: ty/State/Zip:	es	Phone:		
ntact Person: Jay's Portabl dress: ty/State/Zip: tme of private catering compa	es	Phone:		
intact Person: Jay's Portabl	es	Phone:		

SPECIAL USE REQUESTS

Attach a map or sketch of the proposed area for closure.

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

STREET NAME: Clay Street		
	TO: October 14	4
CLOSURE DATES: 10/12		
REOPEN DATE: 10/14		
FROM:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:		
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:				
1) CERTIFICATE OF INSURANCE				
2)	EMERGENCY MEDICAL AGREEMENT			
3)	3) SANITATION AGREEMENT			
4)	PORT-A-JOHN AGREEMENT			
5)	COMMUNITY COMMUNICATION			
-				
6				

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Sameen Ahmad	8/19/2019	
Signature of Applicant	Date	

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)	
Event Name: High Times Detroit - Cannabis Bazaar 2019	Event Date: 10/12 - 10/13
Event Organizer: High Times Productions, Inc.	
Applicant Signature: Sameen Ahmad	Date: 8/19/19

HIGHTIMES CANNABIS CUP DETROIT AUGUST 17-18, 2019



HIGH TIMES has brought over 44 years of a monthly magazine to the world and the Cannabis Cup brings those pages to life. Thousands of folks converge to celebrate the recent legalization of Cannabis in select states and countries around the globe. Join us and join the movement.

- NEW YORK & LOS ANGELES BASED
- MONTHLY MAGAZINE BASED EVENTS COMPANY
 FOUNDED IN 1974 BY TOM FORCADE
- INNOVATOR IN MARIJUANA COUNTER CULTURE
 - 40 CANNABIS CUPS TO DATE:
- MEDICAL: CALIFORNIA, COLORADO, MICHIGAN, WASHINGTON, WASHINGTON, D.C.
 - RECREATIONAL: ALASKA, CALIFORNIA, COLORADO, NEVADA, MICHIGAN INTERNATIONAL: JAMAICA, THE NETHERLANDS

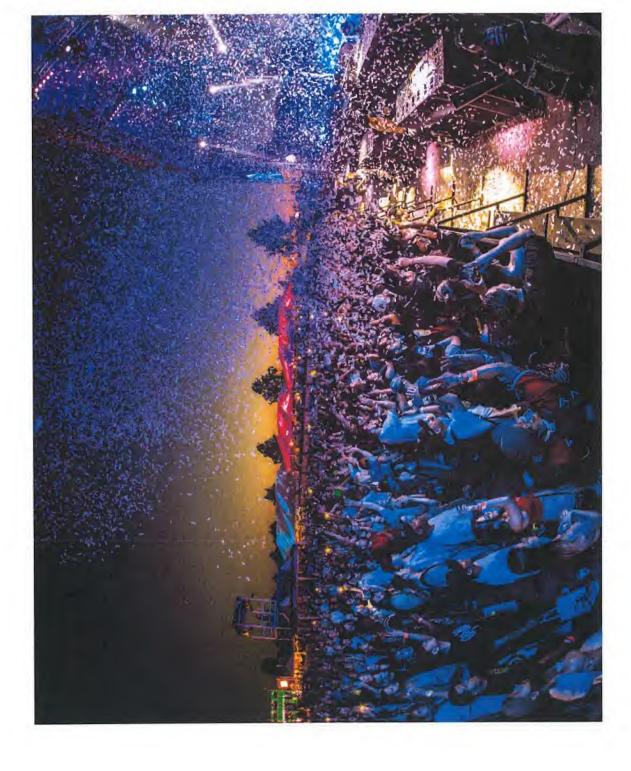




OUR EVENTS

- For 33 years, a celebration and awards show for the best cannabis based products in the world, on a regional basis
 41 Cannabis Cups since 2010, when the
 - legalization movement began in earnest
 2017 10 events
 2018 11 events

- 2019 9 events (to date)
 Attendance ranges from 8,000 to 45,000





RESULTS - DETROIT:

- Saturday & Sunday; a 2 day event in August
 201 participating brands/companies

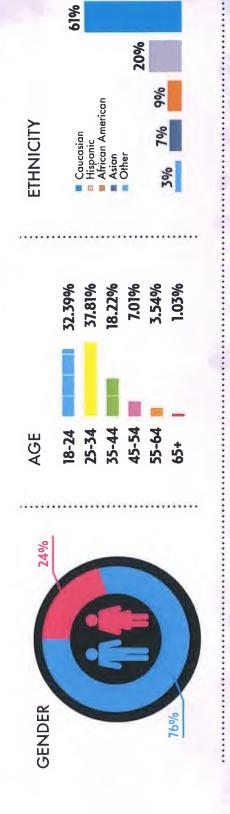
 - 12 local Detroit Food Trucks
 - 20,073 unique tickets sold
- 68% out of state attendees with over a 2 hour drive staying in town at local hotels, airbnbs, etc.
 - 15,000 daily attendance per day
 - 78 local security personnel hired
 - 64 local staffers
- 38 stage skilled labor
- 100+ tons of trash and recycling diverted
 - 2500 cars parked
- 3 medical transports
- 1879 hotel night booked through code offers
- Average hotel / food / transportation spend per guests = \$600 over the weekend
 - Globally known musical acts
- Sessions from industry educators, leaders, doctors and
- High Times left the Russell Industrial Center cleaner than it statesmen
- was received
 Local businesses within a 1 mile radius called to thank us for the business we brought to them.

EST. ECONOMIC IMPACT - \$12.05 MM

1,879 HOTEL ROOM NIGHTS **180 LOCALS HIRED**



MEET OUR ATTENDEES







PLANNING THE EVENT

Traffic Plan
Security Plan
Insurance for every single vendor and HIGH TIMES productions
Evacuation Plan
Fire / Life Safety Plan

Exhibitor Plan

Communications Plan
Active Shooter Plan
Waste Management & Recycling Plan

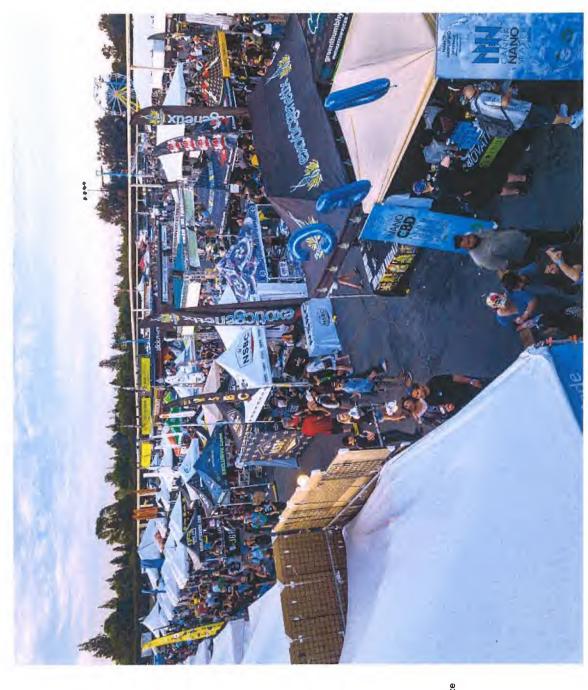




HOW WE RUN THE EVENT

- We have perfected the Cannabis Cup through years of experience
 We bring in everything:

 Stages, tents, tables / chairs, bathrooms, ticket booths
 EMS, Security
 Ausical acts
 Session presenters
 Power, WiFi
 Professional outside management

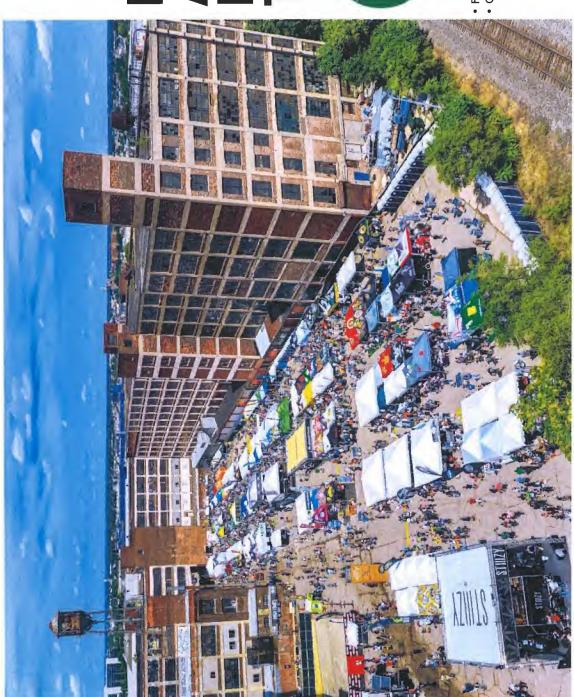


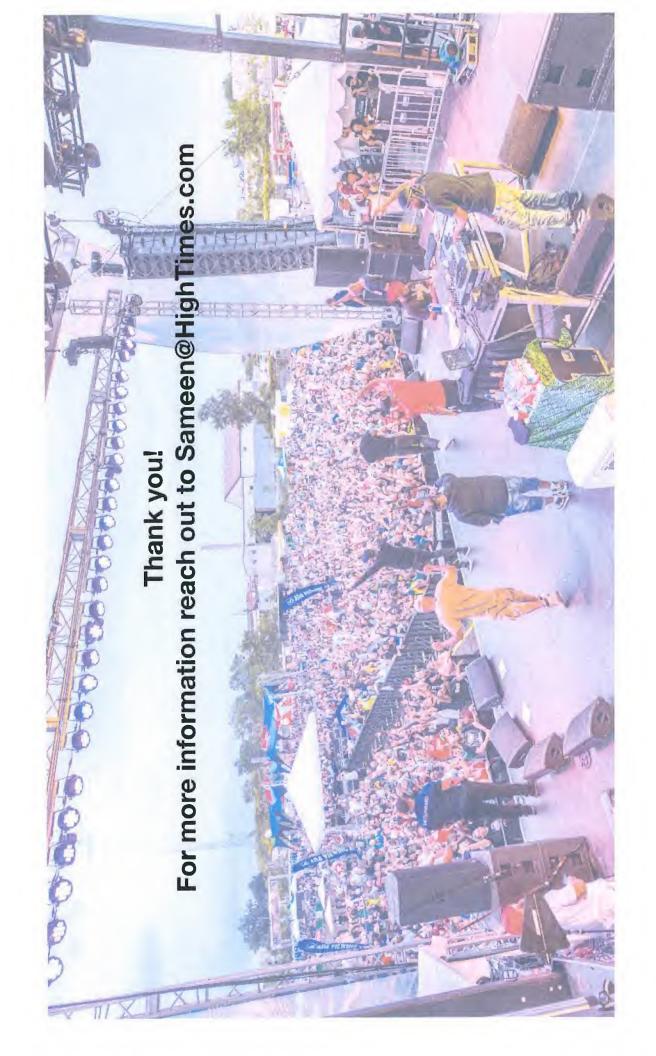


AND AND RESPECTING THE LAND









ACORD.

CERTIFICATE OF LIABILITY INSURANCE

7/28/2017

TRAHI

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Nancy Volpe				
ISU/Szerlip & Company, Inc.		973-467-0725			
288 Main Street	E-MAIL ADDRESS: nvolpe@szerlip.com				
Millburn, NJ 07041-1031	INSURER(S) AFFORDING COVERAGE	NAIC #			
973 467-0400	INSURER A: The Great Divide Insurance Co.	25224			
INSURED T	INSURER B:				
Trans High Corp.	INSURER C:				
High Times Productions, Inc	INSURER D:				
250 West 57th, Suite 920	INSURER E:				
New York, NY 10107	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:				

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE

ADDL SUBPLICATION WAS POLICY FOR P

LTR	TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	5
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		CLA201739211	03/01/2017	03/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$50,000
	CLAIMS-MADE X OCCUR				1	MED EXP (Any one person)	sExcluded
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO-						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB OCCUR		CUA201739311	03/01/2017	03/01/2018	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB X CLAIMS-MADE					AGGREGATE	\$5,000,000
	DED RETENTION\$						\$
Α	WORKERS COMPENSATION		WCA201796610	06/22/2017	06/22/2018	WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	s1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	s1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Event Dates: September 9-10, 2017

CERTIFICATE HOLDER	CANCELLATION
City of Detroit 2 Woodward Avenue Detroit , MI 48226	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Dettott, III 40220	AUTHORIZED REPRESENTATIVE
	-D 1 0 0 0

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Proposal for Recycling, Clean Up, and Waste Removal Services

Event: Cannabis Cup Vegas

Dates: Sept 9-10

Location: Russell Industrial Center, Detroit, MI

Date Submitted: July 26, 2017

Attn: Sameen Ahmad

Company Overview and History

Clean Vibes is a company formed and dedicated to the responsible on-site waste management of outdoor festivals and events. Our mission is to actively encourage and promote composting, recycling and proper waste disposal. We hope to educate and inspire a new generation of responsible stewards. We have a documented record of diverting high levels of festival generated waste from landfills by increasing the amount of material that is recycled and composted, thereby greatly reducing the ecological footprint of outdoor festivals and events. With over a fifteen years of experience, Clean Vibes has a consistent track record of providing results.

Clean Vibes, LLC is a company based in North Carolina with a branch in Vallejo, CA. We are now in our fifteenth year as an independently owned corporation. The company is fully insured and carries a general liability policy, a commercial auto policy and a workers compensation policy for the state of California.

Value to Cannabis Cup

First and foremost, Clean Vibes is committed to providing festivals with a comprehensive waste management system. Our goal is to ensure that all facets of the event's waste collection and cleanup are effectively managed so that event production staff do not have to worry about this component of the event. We bring with us the experience of having successfully handled the waste management at over 250 previous events, ranging in size from less than 1,000 attendees to over 100,000 attendees. Clean Vibes knows how to clean a site in a cost efficient, effective, and environmentally friendly manner. We also understand how important the maintenance and cleanup of an event is to its continued success, as well as to the relationship the event has with the local community.

At the core of the mission and work of *Clean Vibes* is a genuine dedication to providing substantial and measurable results when it comes to diverting waste from the landfill. Our focus is not on merely creating an appearance or image of a 'green' festival. Our focus is on ensuring that there is real substance behind the waste diversion efforts of every event we work. All *Clean Vibes* employees are equally passionate about minimizing the waste footprint of the events that we work, while at the same time educating attendees about responsible waste habits.



Based on our previous work at music festivals, *Clean Vibes* has developed a high level of positive name recognition and respect among the attendees of these events. The attendees associate *Clean Vibes* with a commitment to environmentally responsible waste management, and a commitment to environmental stewardship. They know that having *Clean Vibes* involved in an event means that the waste will be handled in an environmentally responsible manner.

Another value that *Clean Vibes* brings to a festival is the 'vibe.' Attendees appreciate seeing our crew having fun while working hard. The 'vibe' that our crew brings to an event helps to actively engage the attendees in the clean up process – significantly minimizing the grounds cleanup. In addition, the systems that we put in place at each event help to spread awareness about diversion efforts in general, while also increasing the efforts of attendees to take responsibility for their own waste.

In summary, Clean Vibes will make valuable contributions to the Cannabis Cup in each of the following ways:

- Extensive experience with music & food/drink festivals handled waste management at over 250 events, ranging in size from 1,000 attendees to over 100,000 attendees
- Dedication and documented success in achieving high levels of waste diversion
- Commitment to educating attendees about responsible waste management
- Positive name recognition and respect within the festival community
- The 'vibe' we bring to an event
- Ensuring the event is recognized as an event that is committed to minimizing its ecological footprint

Proposed Scope of Work

Set Up and Implementation of Waste Management Collection System

Clean Vibes proposes to implement a comprehensive waste management plan for the festival site. Attendee participation in the maintenance and clean up of the event grounds will be a top priority for our crew and work plan.

Clean Vibes will set up and strategically place up to 300 recycling and trash collection containers in groups as necessary. All collection stations will be clearly marked with signage as to the appropriate receptacle for each type of material (recycling or landfill). We will routinely patrol the festival site and empty containers as necessary, as well as cleanup trouble spots. Clean Vibes will thoroughly clean the site of the previous day's waste in time for the opening of the venue on Sunday. After the event, Clean Vibes will thoroughly clean the site in as timely a manner as possible. Staff members will hand pick the site, bag loose litter, and collect all bags of waste for proper disposal.



Clean Vibes will provide a small crew on 9/7, full crew on 9/8-9/11, and an final sweeps small crew on 9/12.

Increasing Awareness and Marketing of Sustainability Efforts

If desired, Clean Vibes management will work with High Times to:

- Develop appropriate advance messaging strategies to attendees about responsible waste management – using the festival website, mailing lists, press releases, etc.
- Provide input on any possible 'greening' related components of the event in order to develop a comprehensive and coordinated sustainability initiative
- Work with the festival team to help create onsite messaging and creative ways of educating attendees about their waste footprint
- Help communicate to all festival staff and vendors about appropriate disposal of waste and how they can work as a team to minimize the overall waste footprint of the event





Cost for Clean Vibes' Services

Below is a breakdown of costs for *Clean Vibes'* services for the Cannabis Cup Detroit in 2017. It is our hope that, when the various bids for this event are evaluated, more than just the bottom line cost of services will be taken into consideration. We hope that the substance and quality of each bidder's waste diversion efforts will be seen as a source of added value and that the various bidders' track records on this source of value will also be taken into account. There are certainly other companies that are able to setup the appropriate collection containers and clean the festival site. However, *Clean Vibes* is the only company that has the skills and experience to achieve high levels of waste diversion through recycling. We have a proven track record of achieving unparalleled diversion rates and the ability to provide clients with documented results. If High Times is committed to taking its sustainability efforts to the next level by diverting a substantial amount of festival waste from the landfill while ensuring a thorough and timely cleanup of the site, choosing to work with *Clean Vibes* will prove to be a worthwhile investment.

Service	Cost
Clean Vibes' Labor - Setup and Management of Waste Collection System	
and Clean Up and Sorting of Waste	\$16,500
Rental of Clean Vibes' equipment – up to 300 Clearstream containers and	\$1000
Rubbermaid barrels	
Bags – for all collection containers	\$250
Travel	\$1800
Temp Labor for nightly cleanup	\$4000
Lodging for staff PROVIDED by High Times	\$0
Work truck rental	\$800
Non-catered meals estimate	\$1000
Hauling- containers, hauling, and tipping fees for all waste	TBD
Total Cost for Above Services	\$25,350

Materials Requested/Additional Hard Costs:

- Space to park on solid paved level ground one (1) 16' foot box truck (total 30' for unloading/loading)
- Secure space for operation area sufficient space to have box truck, work space and parking for all
 work vehicles.
- One (1) 20x 20 equipment tent with walls
- One (1) light tower in CV HQ area.
- Parking, with easy access to the event grounds, for staff vehicles.
- Appropriate credentials ensuring adequate access of the site for all staff.



- Access to a secure internet connection for all days on site.
- Three (3) catered meals per day for all staff onsite when catering is available.
- Two (2) utility bed gators/Kubotas/Bobcats, etc. with at least a 4'x4' bed
- Drinking water for all staff and volunteers for all days on site.
- Five (5) radios for use by Clean Vibes for all days onsite.
- Tickets or credentials for all volunteers who will assist in the clean up and waste diversion effort. 20 during show cleanup volunteers and 20 post-show volunteers will be recruited.
- Assistance in advance promotion of Clean Vibes' volunteer opportunities through festival website, mailing list and social media. Promotion needs to begin within 1 week of signing of contract or announcement of event.
- Debris boxes for trash, recycling and other materials as negotiated with Republic.
- Appropriate placement throughout site of debris boxes to ensure access by crew during peak attendance.
- Assistance in promotion of Clean Vibes' waste diversion efforts through any festival literature, websites, radio stations and stage announcements.

Please note that this proposal is based on the following protocol being in place:

- It is understood that all vendor, caterers, concessions, and bars will handle the cleanup of their areas and the proper sorting/streaming of their waste. *Clean Vibes* will service stations in vendor, caterers, bar, or concession areas that are designated for patron use. *Clean Vibes* will provide and service stations in dining areas of catering tents.
- It is understood the *Clean Vibes* will work closely with High Times to place dumpsters for food and concession vendor prep waste in vendor back of house areas. *Clean Vibes* will provide waste pickup from exhibitor areas and booths.
- It is understood that if it is not possible within the layout of the site to place dumpsters at each bar or vending location, these bars will be responsible for the removal of the waste from these locations to the closest dumpster location.
- It is understood that if an exhibitor brings and executes a professional-style stage with entertainment not organized by High Times, Clean Vibe will charge \$500 per exhibitor stage.
- It is understood Clean Vibes will be responsible for all exhibitor and stage areas, aka "the venue,"
 VIP, Super VIP, and event production areas. Clean Vibes will not be responsible for public parking or ingress/egress traffic routes.
- 'Flaming Lips Clause'- It is understood that, in the event that a band performing at Cannabis Cup chooses to incorporate confetti, toilet paper or any other sizable amount of debris into their performance, Clean Vibes will require additional compensation for the cleanup of the debris left



from said performers stage antics. *Clean Vibes* needs to be notified in advance of the confetti, and an additional cost of \$2,000 per incident will be paid to *Clean Vibes* for the cleanup of the debris.

• It is understood that *Clean Vibes* will not handle any bio-medical or hazardous waste, or unrelated grounds or waste. *Clean Vibes* will assist with the cleanup of any cannabis-related medical waste.

If you have any questions regarding this proposal, please feel free to contact me at your convenience. I can be reached by phone at (707)563-9232 or (802)258-1220 or by email at meg@cleanvibes.com

I am looking forward to the possibility of working together to ensure a clean festival site and to create an efficient and effective waste management system for the Cannabis Cup Vegas.

Thank you for this opportunity. I will follow up shortly to discuss this proposal further.

Sincerely,

migde

Meg Luce

2019-09-19

1090 Petition of High Times Productions, Inc., request to hold High Times
Detroit - Cannibis Bazaar 2019 at the Russell Industrial Center on 10-12-19
and 10-13-19 from 12:00 pm to 8:00
pm with street closure. Set up begins
10-8 with tear down on 10-14 and 10-15.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT

FIRE DEPARTMENT BUSINESS LICENSE CENTER TRANSPORTATION DEPARTMENT MUNICIPAL